VOL [illegible]

TH[illegible] BY

QUARTERLY MAGAZINE

OF

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.

50 UNION SQUARE, NEW YORK CITY

MENTAL HYGIENE will aim to bring dependable information to everyone whose interest or whose work brings him into contact with mental problems. Writers of authority will present original communications and reviews of important books; noteworthy articles in periodicals out of convenient reach of the general public will be republished; reports of surveys, special investigations, and new methods of prevention or treatment in the broad field of mental hygiene and psychopathology will be presented and discussed in as non-technical a way as possible. It is our aim to make MENTAL HYGIENE indispensable to all thoughtful readers. Physicians, lawyers, educators, clergymen, public officials, and students of social problems will find the magazine of especial interest.

The National Committee for Mental Hygiene does not necessarily endorse or assume responsibility for opinions expressed or statements made. Articles presented are printed upon the authority of their writers. The reviewing of a book does not imply its recommendation by The National Committee for Mental Hygiene. Though all articles in this magazine are copyrighted, others may quote from them freely provided appropriate credit be given to MENTAL HYGIENE.

Subscription: Two dollars a year; fifty cents a single copy. Correspondence should be addressed and checks made payable to "Mental Hygiene," or to The National Committee for Mental Hygiene, Inc., 50 Union Square, New York City.

The National Committee for Mental Hygiene

FOUNDED 1909 INCORPORATED 1916

50 UNION SQUARE, NEW YORK CITY

CHIEF PURPOSES: *To work for the conservation of mental health; to promote the study of mental disorders and mental defects in all their forms and relations; to obtain and disseminate reliable data concerning them; to help raise the standards of care and treatment; to help co-ordinate existing agencies, Federal, State and local, and to organize in every State an affiliated Society for Mental Hygiene.*

ORIGINAL CONTRIBUTIONS

MENTAL HYGIENE

VOL. II JANUARY, 1918 No. 1

THE MANAGEMENT OF WAR NEUROSES AND ALLIED DISORDERS IN THE ARMY*

COLONEL SIR JOHN COLLIE, M.D., A.M.S.

President of the Special Medical Board for Neurasthenia and Allied Nervous Diseases; Director of Institutions for Neurasthenia, under the Ministry of Pensions

WITH A REPORT OF REMARKS MADE BY LIEUTENANT-COLONEL ALDREN TURNER, C.B., M.D.

I APPRECIATE the difficulty of addressing an audience composed of the laity and members of the profession, and I am sure the distinguished medical men, whom I am pleased to see present, will understand that I should not be treating my audience as a whole with courtesy if I address it in too technical language, and they will forgive me if much of what I say is already within their knowledge.

Never before in the history of the world has mankind been subjected to so much strain and shock resulting in stress of mind and body as in the past three years, and never before has there been so apparent a necessity for sane and effective methods of treating the resulting disabilities.

It is unnecessary to trouble you with a definition of neurasthenia, or attempt any text-book description of it; that would not be difficult, but it would be unprofitable. We have, however, to consider the predisposing causes, the effects, and the treatment.

*A lecture delivered at the Royal Institute of Public Health in June, 1917. The article was originally published under the title, "The Management of Neurasthenia and Allied Disorders, Contracted in the Army," in *Recalled to Life*, a new British journal devoted to the care, re-education and return to civil life of disabled sailors and soldiers. It is here republished by special permission of Sir John Collie and the War Office of Great Britain.

Most, if not all, of the cases of neurasthenia arising in the Army are the result of actual concussions (shell shock) or the conditions prevailing in modern warfare.

The predisposing causes are fear, the fear of being afraid, terrifying experiences, want of sleep, cold, wet, and the appalling sights at the front. These emotional conditions, when extended over periods varying from days to weeks, produce irritability and loss of self-control; emotional disturbances lead to loss of sleep, and loss of sleep to more intense emotion. To this vicious circle are added the countless discomforts, both major and minor, incident to trench warfare. Even the suppression of emotions, which every good soldier cultivates, adds its contribution to that state of anxiety which predisposes him to the condition that we are now considering.

Lack of self-control makes some unhappy men positively unable to face the enemy, and the fear of being afraid is one of the predisposing causes of the type of neurasthenia not infrequently seen in those who have had no actual injury; indeed many patients have never been in the front lines. The stress of war conditions and more especially the effects of seeing and hearing high explosives, even without any injury, sometimes bring about a profoundly neurasthenic condition.

The neurasthenic of the hypochondriacal type is afflicted with introspection, is invariably a nuisance to himself, and generally to those who have to live with him. He is bad raw material for recruiting purposes. Temperamentally, he is unfit to be a soldier. His self-control is, and always has been, subnormal.

I have found from consideration of a large number of consecutive cases that the following are the most common symptoms: disorderly action of the heart, epileptiform seizures, tremors, functional stiffness and functional loss of power of muscles, loss of flesh, and loss of hearing and speech. From the mental or emotional side, we have subjective symptoms which, although sometimes intangible, are very real to the patient, such as mental lassitude, giddiness, nightmares, loss of self-control and confidence, loss of power of concentration and fear of closed or open spaces, nervousness, a vague feeling of apprehension, and, in the more acute stages, confusion of thought.

It is obvious that the origin of the conglomerate collection of symptoms which go to make up the content of neurasthenia is mental. That aphonia and deaf-mutism are accounted for by

an abnormal control on the part of the unconscious mind over the speech centers is proved by the sudden and dramatic cures which sometimes take place, and by the fact that suggestion not infrequently cures these conditions.

It is apparent that morbid changes of a serious nature take place in the nervous system; but, inasmuch as most cases recover, an examination of the brain and spinal cord cannot be made to determine just what these changes are. It has been suggested that minute haemorrhages into nerve tissue take place, and the fact that cerebrospinal fluid has been found to be under increased pressure supports this view. A high explosive gives a pressure of ten tons to the square yard, and it is obvious that under such influence anything may happen.

Many neurasthenics are taught to be so self-centered and obsessed by self-pity and introspection that they unconsciously lay themselves open to the suspicion, by those who have no special medical knowledge, of being mentally afflicted. Nevertheless, neurasthenia and insanity are two totally distinct diseases. The one does not merge into the other, and if a man's case is diagnosed as neurasthenia and he subsequently becomes insane, an error in diagnosis has been made, and the early symptoms of insanity have been mistaken for neurasthenia. I think it is a matter of considerable practical importance in the interests of neurasthenics, especially of the severer types, that this should be clearly recognized.

The influence which the mind has upon the body is profound, and the following case which came under my observation some time ago may help those who have not thought much upon the subject to appreciate the fact:

B. T.'s temperature appeared to range between 97.4° and 103.4° F. When the doctor took the temperature in the morning, it was always normal or subnormal; the patient himself took it as often as six times in the day, waking occasionally in the middle of the night for this purpose. Neither the doctor nor a consultant who had been called in could form any opinion as to what was the matter with the patient. His blood was tested for typhoid. I found that if the doctor did not call each day he was sent for in a hurry—that the patient was very nervous and worried. His wife was hourly expecting her baby. There was only one bed in the house and I suspected that his anxiety to get well before the event was keeping up his temperature. I induced the doctor

to take the thermometer from B. T. Upon calling subsequently once or twice in the afternoon, at which time the patient's temperature had usually been above normal, the doctor found it to be normal. From the time the thermometer was taken away there was a rapid and uninterrupted recovery!

The idea of illness and its possible consequences obsesses most neurasthenics. Their pains are real, but often only psychic; they are victimized by their unstable nervous systems and too often make no stand against morbid introspection. Their injuries seem to pervert their mental outlook, so that they persistently dwell upon them. They exaggerate all unusual sensations so that these in time come to occupy a large portion of their field of consciousness. The repeated rehearsals of the awful details of warfare revivify and accentuate the ill effects which were induced by their original injury. In many cases the idea that they will never recover becomes fixed, and has a baneful effect on the progress which should be made. Misplaced sympathy and unintelligent nursing frequently result in the manufacture of severe cases.

Normally when we reproduce impressions they are by no means so vivid as they were originally, but some brains can reproduce an impression so as almost to visualize it. The groups of thought run along the lines of least resistance, and each repetition leaves a path more easily trodden.

For many years I have been much impressed by the definite relationship which exists between the duration of an illness and the gradual loosening of the capacity for the work-habit. It must not be forgotten that the mental impression of invalidism, the result perhaps of months of thought, is a very real one to the patient. The only way to effect a cure is to convince him that he certainly will recover; indeed, in the case of the neurasthenic the whole environment *must* be one of confident assurance of complete recovery. He should have a continual succession of graded experiences arranged to push from his mind the delusive feeling of inability to work.

Now, please do not misunderstand me. Neurasthenia is not fraud, it is not malingering, it is not wicked self-deception, and, above all, it is *not* cowardice. It is a real disease. Neurasthenia is often found among men remarkable for their bravery, daring and initiative, men who have been dispatch bearers, snipers and leaders of forlorn hopes. Tried soldiers show the same symptoms as young recruits. Many of these soldiers are brave men, but

they are temperamentally and neuro-potentially unfit for the awful work which they have volunteered to perform. That they are not cowards is shown by the fact that many men who have recovered are found a second time in the fighting line. These men say quite frankly that they do not want to go, but will do so if it is their duty. One almost doubts the sanity of men who know the horrors of war and *want* to go back. Their bravery consists in going when they do not want to. An attack of neurasthenia is no more a reflection upon a man's courage than is the presence of a bullet. Both bear witness to the fact that he has probably been in the thick of the fight.

If we at home could successfully tackle the problem of differentiating between who is and who is not a potential neurasthenic we should prevent wastage of the personnel in the fighting line, the lowering of the *morale* of the men in active service, and the denuding of the country of men useless in the field, yet capable of valuable work for the Army at home.

Most of the neurasthenics I have seen are suffering from concussion caused by high explosives and have had some commotion of the nervous system; but in most cases before they come under the care of medical men in this country they have recovered from the grosser pathological conditions, and we have to deal almost exclusively with the mental and emotional results of the concussion, which is, I assure you, no easy task. When recovery from the grave symptoms has taken place, there is too often left a legacy of functional disabilities which demand very special treatment and a carefully arranged environment. The chief condition met with is a perversion of the mental outlook, which requires psychological treatment. These men are emotional and impressionable, and their moods and even their methods of thought seem to be communicable. Fussiness over treatment and tenderly expressed sympathy only accentuate the trouble. Kindness combined with firmness, and a strong unswerving faith in ultimate recovery are the keynotes of success.

I lately came across a good example of how *not* to treat a neurasthenic. I received a report from a doctor at a well-known spa, to whom, not without some misgivings, I had sent a patient with a very mild form of neurasthenia produced by nothing more serious than a shock to his ambition. "He drank," said the doctor, "the thermal water activated with added radium; had the incandescent light followed by the static wave to the spine and

foot, and some packs of mustard bran over the liver and stomach; and I gave him a purin-free dietary. I also made application of the electric cautery over the cervical ganglia of the sympathetics." I stopped this treatment, and sent the patient back to his work, which he has done continuously and well ever since. Spa treatment makes a neurasthenic concentrate his attention on himself.

One common type of functional nerve disease is a temporary paralysis of a group of muscles, resulting in loss of power of a limb or part of a limb. A very common form is drop-wrist; here, although the muscles and nerves are all perfectly healthy, the patient cannot raise his hand from the drooping position. Yet if a mild electric current is applied to the muscles which pull upon the wrist, they are found to act and to straighten out the wrist quite independently of the patient's will. Now, when a patient, who has been for months convinced that he has a true paralysis of his arm resulting in drop-wrist, has had it demonstrated to him that neither the muscles nor the nerves are really useless, and he sees that they do in fact actually contract under the electrical stimulus—that his drop-wrist is momentarily cured—the effect cannot fail to be beneficial. He is now convinced that he has no permanent organic disease, and even a dull man will appreciate that if he could but apply the necessary stimulus from his brain he would soon be well.

Functional disease is the result of a strange combination of what appears to be reality and unreality, for whilst everything is in good working order the motive power to start the machinery cannot, as it were, be switched on. Some of these cases are almost ludicrous; for instance, a man who complained of paralysis in his left leg admitted that his right was strong and healthy, and when asked to demonstrate his power of kicking out with the right did so most vigorously, unconscious at first of the fact that he was supporting himself on his left leg while he did so. I wish the functional nature of these cases might always be so easily demonstrated and the cure so easily effected.

The experience which has necessarily been gained from dealing with so many cases has led to a revision of the methods adopted in the early days of the war. At the end of 1916, the military authorities in France, in order to cope with the serious leakage of men from the front, decided to abandon the use of the terms "neurasthenia" and "shell shock" in official nomenclature, and to replace them by the terms "neurosis A" and "B," thus re-

placing terms which had become too familiar to every soldier and rolled rather too glibly from the lay tongue. Any high explosive which bursts sufficiently close to a trench and hits the parapet throws earth over the man standing in the trench below. Many are, unfortunately, actually buried, and even those who have only part of their bodies covered are the subject of a certain amount of shock and are, for the time being, unable to "carry on," and come under the care of the medical officer at the Regimental Aid Post. It used to be the practice to pass such mild shell-shock cases down the line to the base and eventually to England. Now, regimental officers are given to understand by means of official printed instructions, that upon them devolves the task of encouraging men who are suffering from a temporarily jarred nervous system to pull themselves together and to get back as soon as possible to their regiment. "Hello, Smith, you have had a lucky escape, my lad. What? A bit shaky? That's the way it takes lots of fellows, but you will be all right in a day or two. There is really nothing wrong with you except that injury to your finger, and I'll soon fix it up for you." This is the necessary preventive, which the potential neurasthenic so urgently needs, and, thus applied, it is given just at the psychological moment. The man recognizes that his medical officer knows exactly what has happened; he knows also that if the medical officer says he is fit for duty he has to go back and make the best of it.

I am informed on good authority that nearly all the men dealt with in this way recover their stability very quickly and do well. But the proper cases in which to apply this treatment have to be very carefully selected. The severer types,—those who have been concussed,—many of whom are still unconscious, are obviously unfit to remain near the line, and, with the sanction in writing of the Assistant Director of Medical Service of the division to which he belongs, the man is transferred down the line to the Casualty Clearing Station, where he remains until his transfer to a special Shock Hospital is arranged for.

Neurological centers have been established both by the French and English War Departments immediately behind the fighting line. Here quick returns are the order of the day. The atmosphere in which the shell-shocked soldier is treated is second only in importance to the personality of those who are to treat him. In these front-line neurological centers the treatment is more intensive, but the feature which distinguishes it from those we em-

ploy at home is that the cases are taken, as it were, red-hot from the battlefield, and are moulded by the strong wills of those specially selected for their treatment. Frequently men are returned to the fighting line in two or three weeks. (Contrast this with the unfortunate experience of those who find themselves for a period extending to even twelve months in some eight or nine different hospitals, perhaps some of them V. A. D. Hospitals.)

There is a special Shock Hospital for each Army area. They are placed near the Clearing Hospitals, and are staffed by specially selected medical officers under the superintendence of a neurologist of repute. Here the case is thoroughly investigated, and if it is found that the man is not likely to recover soon he is sent to a Base Hospital, from which in time he may be transferred to England. Numbers of men treated at these special hospitals are found after one, two, or three weeks' treatment to have sufficiently recovered to be transferred to a local Convalescent Camp, where attention is specially paid to them as convalescent neurasthenics. Appropriate exercises are prescribed and, later on, football and competitive games of skill are encouraged.

In these special Shock Hospitals definite data of the reflex responses and other phenomena are being collected, and I think there is no doubt that when these are collated the information gained will be a valuable contribution toward a more accurate classification and prognosis of the cases.

I am given to understand that in the advanced stations for dealing with these functional conditions the percentages of cures are very high indeed, and that the duration of the conditions is remarkably short. An immense proportion of this class of case is curable. Failures depend upon the stubbornness, lack of will power, or refusal of further treatment by the patient.

Cases which are sent over from France and which are likely to require prolonged treatment are accommodated at one or other of the following hospitals: Red Cross Military Hospital, Maghull, Liverpool; Springfield War Hospital, Upper Tooting, London; Royal Victoria Hospital, Edinburgh; King George V Hospital, Dublin. Those cases which are not likely to require prolonged treatment are sent to the Neurological Centers of the Territorial Force General Hospital; the National Hospital for Paralysis and Epilepsy, Queen Square; the Hospital for Nervous Diseases, Maida Vale; or the West End Hospital for Diseases of the Nervous System, Welbeck Street, W.

Dejerine, Dubois, Babinski, and many other eminent neurologists, both in France and this country, have pointed out that practically the only treatment for the vast conglomeration of war neuroses grouped indiscriminately under the term shell shock, consists in getting the patients to appreciate that their fears are abnormal, and that their mental outlook is perverted, and in using all the means possible to prevent their aberrant fancies running along the lines of least resistance. The neurasthenic should be encouraged, as Dubois says, to make an "optimistic inventory of his mentality." Neurasthenics are amenable to reason, and generally repay the trouble expended on them and the effort made to get their thoughts to run along new and healthier lines. A thorough physical examination followed by a definite assurance that no organic disease is present is a good foundation for the cure of functional disease.

Re-education is the keynote of the treatment for shell shock. It is obvious that when a mental condition is such that it can be readily cured by being set in a right mould, it can as easily be set in a wrong mould; hence it is of the utmost importance that, from the very first, the case should be under the care of those who thoroughly understand the nature of the complaint. A healthy and invigorating environment is everything. There can be no general treatment *en masse*, each case demands individual attention. When dealing with forty or fifty cases, probably no two cases can be treated in exactly the same way.

No doctor or nurse is of any real value for the treatment of the neurasthenic unless he has confidence in himself and can commandeer the confidence of the patient. Infinite patience, common sense at every turn, and real but thoroughly disguised sympathy are essential in those who undertake the care of such cases. Massage, electricity, persuasion, occupation, light graduated work, fresh air, good, wholesome food, and above all a healthy outdoor environment, are essential adjuncts. The psychotherapeutic method of treatment has been found by experience to be wonderfully effective, *provided only it is in the right hands.* Nothing retards recovery so much as the flying visits of unthinking, but kindly intentioned, philanthropic lady visitors. Persuasive conversation should be systematically arranged for, in which the patient and doctor can have quiet talks, so that the man is led by tact and guarded sympathy to lay bare what is, as it were, in the back of his mind. Nothing in the nature of so-

called psychoanalysis is necessary. It is the doctor's duty to find out what is worrying his patient, and what is keeping him from getting well, and this can be done without psychoanalysis.

My experience is that it is better that all patients should be isolated during the earlier part of their treatment. The calm restfulness of solitude has a peculiar effect in allaying irritability and, strange as it may appear, prevents morbid introspection. Isolation is not solitary confinement; a nurse is in frequent attendance. The short, initial stage of isolation enhances the value of the suggestion of rapid recovery practiced by the physician and nurses. Electrical treatment for these cases is of value, but the stoutest advocates of this method will not deny that the effect is intimately associated with the mysteriousness of the electric current. There is one proviso to make with regard to all treatment, and that is: Unless a patient desires to get well no treatment can cure him.

Personally, I have always believed that hard and continuous work is the only way to be really happy, and that work in one form or another is the only salvation for those who are suffering from functional nerve disease. I have preached this in season and out of season for a period of ten to fifteen years, and it is a great satisfaction to know that so high an authority as Major Mott has endorsed this view in his practice at the Maudsley Hospital.

In spite of the treatment afforded, and the large number of cures effected, it is obvious that a very appreciable number of men have been so incapacitated by shell shock and kindred nerve injuries that they are not fit for any further military service and receive their discharge. The Military Service (Review of Exemptions) Act does not extend to any officer or man who has left or been discharged from the service in consequence of neurasthenia or allied functional nerve disease, if it is certified by a Special Board to be the result of service in the present war.

A Special Medical Board, of which I have the honour to be President, was formed by the Director General to examine all discharged soldiers suffering from neurasthenia and functional nerve disease, with a view to awarding gratuities or recommending pensions. The Board has laid upon it, in addition, the duty of periodically re-examining all men in receipt of temporary pensions who have been discharged from the Army on account of functional nerve disease. The number of pensioners is now 160,000 to

170,000, the percentage of those suffering from functional nerve disease is roughly 20 per cent; the Board has, therefore, ample scope for its activities.

This Special Medical Board has never confined itself strictly to its official duties; whilst rigidly discharging the functions for which it was appointed, it has recognized the unique opportunities which it has of assisting in civil life those whose cure is not yet complete. For instance, a small remedial exercise room has been instituted at the headquarters of the Board, where many of the minor but more persistent functional disabilities are treated, by masseuses who are paid by the British Red Cross Society. Many men who are already at work, but who still require skilled treatment, are encouraged to come for half an hour or an hour daily. Here they are treated by the nurses and are seen periodically by members of the Board. The Ministry of Pensions not only pays their fares to and from the Board's premises, but refunds any loss of earnings which has been occasioned by absence from work for part of a day. In the case of men whose domestic circumstances have become disorganized and who seem to be incapable of adjusting them, or where men require temporary work in the country, a letter is written to the Local War Pensions Committee drawing attention to the case. Five hundred such letters have already been written. Many communications take place between the Board and hospitals, the men's own doctors, specialists, surgical appliance makers and employers. But, when all is done, there still is a large residuum who have not yet recovered, and are wholly unable to earn a livelihood, and who obviously cannot recover without very specialized treatment.

At the request of the Minister of Pensions I have undertaken the organization of Homes of Recovery in different parts of the country for the institutional treatment of ex-soldiers of this class. Two institutions, one accommodating 100 patients, and the other fifty, have been opened, one in London and the other in Belfast. Arrangements have also been made to open eight others: six in England (including one for officers), one in Wales, and one in Ireland.

The First Home of Recovery is a large building at Golders Green with a particularly cheerful outlook. It has accommodation for 130 people, of whom 105 are patients. The house is surrounded by fifteen acres of lawn and garden. The main wards have a southern aspect. By the generosity of the Joint

War Committees of the British Red Cross Society and Order of St. John, the Home has been efficiently equipped with all the necessary appliances which modern methods can suggest. It is intended to be the model upon which the future institutions will be based. The cost of maintenance of these institutions will be defrayed by the Ministry of Pensions.

The Golders Green Home is under the management of the Maida Vale Hospital for Nervous Diseases, and the hospital medical staff are the physicians in charge. An energetic and capable Resident Medical Officer has been appointed—a matter of the utmost importance, for the Resident Physician has to play the part of teacher, and it is his duty persistently to bring his personal influence to bear upon, and give individual care to, each patient.

The Travelling Units of the Special Medical Board visit military centers in all parts of the kingdom, and where there is necessity for similar institutions the fact is noted. A waiting list of prospective patients is compiled. When these lists justify the opening of other institutions they will be forthcoming.

How do these homes differ from ordinary hospitals? What special methods of treatment are employed which cannot be supplied elsewhere? There is nothing which these institutions can supply which could not be arranged for in the great neurological centers through which most of these men have passed, were we living in normal times and under ordinary conditions. The unfortunate exigencies of the present situation and the enormous output of functional nerve disease which daily reaches us from the front make it practically impossible for tedious cases of this sort to receive at these centers the individual attention which they require.

The somewhat bold experiment of aggregating considerable numbers of men suffering from functional nerve disease has been attended with success; it was at first to some extent an experiment.

The principal methods adopted in these remedial homes are:

1. An attempt to gain the confidence of the patient, and teach him to believe that he will recover, and continuous and painstaking efforts to persuade him to adopt an optimistic frame of mind.

2. The application of the usual remedial methods, such as massage and electricity.

3. Outdoor work and recreation.

The difference between the conditions of treatment at the Maudsley Hospital and the First Home of Recovery at Golders Green is that whilst in the former the patients are under military discipline, and know that if and when they recover they are liable for military service, at Golders Green they are all discharged men and we have no military authority over them. The men know that, having been discharged for neurasthenia, they cannot again be conscribed at any time during the present war. Our patients are not haunted by the thought that if cured they may be sent back to the fighting line. There is to be no Army discipline in the Homes of Recovery. These institutions are exclusively for civilians who have left the Army. Khaki is taboo. We encourage the men to appreciate that they have left the Army once and for all, and that they cannot be compelled to re-enter it against their will.

Generous terms have been granted by the Ministry of Pensions, so that all who enter the Home may know that their wives and families are amply provided for in their absence. The wife or dependent will be paid a weekly family allowance sufficient for maintenance without assistance from the patient whilst he is in the Home. Allowances for children will also be made. To those who desire to enter the Home the following amounts, therefore, will be assured:

Single Men

	£	s.	d.
Per week	1	7	6

An allowance will be made for dependents.

Married Men

	£	s.	d.
Per week	1	7	6
For wife	0	13	9
For first child	0	5	0
For second child	0	4	2
For third child	0	3	4
For each of the other children	0	2	6

A small deduction will be made from the man's allowance for his board, but the treatment will be provided without charge. Whilst the patient is in the Home the family allowance for wife

and children will be paid to the wife or dependent; and in addition the full pension of 27s. 6d., less a small deduction for board, will be paid to the patient. As his personal expenses will be trifling, it should be possible for him to send a substantial additional weekly allotment to his wife and family, and he is encouraged to do this. The Home is in no sense a Military Hospital; no patient can be retained against his will.

The First Home of Recovery is in the nature of an ordinary convalescent home, but it differs from these institutions in that special treatment is actively carried on, and only a particular class of patient is accepted. The classes which we lay ourselves out for are men suffering from certain forms of paralysis, tremors, stammering, etc. We are hopeful that by the rapid cure of a few of the earlier and simpler cases we shall create in the institution an atmosphere of confidence and cheerfulness which will unconsciously influence the more difficult ones. In most of the cases, gloom and depression have become almost an obsession. Our hope is that the suggestion of a cheerful environment will gradually influence the trend of thought of these unfortunate men. After all, our conduct in life is largely the result of suggestion. Our idea is that cheerfulness shall be the prevailing atmosphere of these homes.

Any work which is interesting, capable of careful gradation, and conducted in the open air is admirably suitable for those recovering from neurasthenia. All these cases have already had too much so-called rest, which as a rule has merely been idleness combined with introspection. Intensive culture, as practiced by the French in their gardens round Paris, fulfills these requirements, and I had little difficulty in persuading the Ministry of Pensions that such a garden should be instituted at Golders Green. Major Fraser, who for twelve years has been the leading expert on this subject, has been engaged to superintend the garden. The work of intensive culture is not laborious, and provides full scope for the bodily and mental activities, and is a suitable and useful outlet for the activities of many of the men whom we hope to cure at Golders Green. The light work of the garden will constitute a part of the remedial treatment of the Home.

Many of these shell-shock cases have lost their situations, and in a large proportion of cases their pre-war, indoor occupations are unsuitable for them to return to, even if they could; they will require to change their occupations, and the changes must be from indoor to outdoor employment.

If the treatment is rapidly successful, the average stay in the Home will be short, and there will be little opportunity for the men to acquire a real working knowledge of intensive culture which would be of practical value to them after leaving the Home. We are, therefore, faced with this difficulty—that the more rapidly we cure our patients, the less real knowledge they will have of intensive gardening; but under the training scheme of the Ministry of Pensions men who are discharged from the Home as cured may, if they care to live in the neighbourhood of the Home, attend daily as learners, during which time they will be paid by the Ministry 27s. 6d. a week, and will in addition have put to their credit the sum of 5s. per week, which sum will be handed to them at the expiry of a six months' training.

The Ministry of Agriculture has promised to send instructors in the winter evenings to assist the men by informal talks of a very practical nature upon agricultural matters. I am hopeful, therefore, that not only will an impetus be given to intensive culture throughout the country, but many men whose nervous breakdown has made it impossible for them to return to indoor occupations will have prepared themselves, as the result of their residence at Golders Green and the subsequent training course, to make a living under circumstances in which they will best be able to maintain their health. The interesting work and occupation of the garden is not the only feature of the scheme. Carpenters', iron workers' and basket makers' shops are attached to the main building, where the rough frames, packing crates, tool handles, and the special mats for covering the glass frames will be made bythe men.

The success of this experiment for the treatment of those suffering from functional nerve disease depends, I believe, largely upon a few fundamental principles, which I have determined shall be strictly adhered to in every institution under my care:

1. No doctor, sister, or nurse who is not an optimistic and enthusiastic believer in the methods is, under any circumstances, to be employed. If any such is found after trial to be inefficient, even if specially selected, he or she must at once be replaced.

2. Any patient who is making no progress will not be allowed to stay; he will be cared for elsewhere. The one unforgivable sin in a Home of Recovery is marking time.

3. The atmosphere of the Home must be one of hope. If cheerfulness and industry do not meet one at every turn, the administration is seriously defective and must lead to failure.

4. If, from the incompetency of those responsible, the atmosphere of one of these Homes has become vitiated, and the men are found idly lounging against the walls, if the gramophone takes the place of heart-to-heart consultations with the doctor, if long joy rides relieve the staff of its duties, then radical changes must follow.

5. No one must be overworked. To allow the resident doctor (on whom really depends the success, or otherwise, of the whole scheme) to become tired, worried, and stale would be a fatal error. In these times of stress one must not be too particular, and lay down rules as to how many patients a doctor can serve faithfully. This depends upon the personality of the doctor, the nursing staff which assists him, and very largely upon the atmosphere which he has created. Whether additions are required to the medical and nursing staff can only be determined by actual experiment, but these will be ungrudgingly supplied if asked for. My view is that if a good resident medical officer has been secured, provided he is successful, the less he is interfered with the better. This is the attitude which, as one of the physicians to Maida Vale Hospital, I purpose to adopt toward the First Home of Recovery.

The medical profession and the country have recognized the necessity for giving of our best to these unfortunate sufferers from nerve strain. The work is particularly difficult, but perhaps there is no class of patient who better repays us for the skill and care expended. I am confident in the hope that hundreds of men now in the grip of a most distressing disorder may yet be fitted for a life of usefulness and productivity.

Such is the scheme for the salvation, by work, of the neurasthenic. To those who consider it utopian, and who from politeness suppress their smiles of incredulity, I would say that the scheme has enlisted the co-operation of many of the best brains and the hardest workers of the country, and it is backed by the sympathy and co-operation of a great department of State.

LIEUTENANT-COLONEL ALDREN TURNER'S REMARKS

Lieutenant-Colonel Aldren Turner, C.B., M.D., spoke upon the principles of the management of the shell-shocked and neurasthenic soldiers in the special military hospitals. These principles were laid down early in the war, but they were subject to modification as our knowledge of these patients and of their disabilities became better known and understood.

The first principle is *segregation.* For the most part the neurasthenic soldiers have been treated in institutions specially set apart for the purpose, under the care of medical officers specially qualified to treat them. The adverse criticisms brought forward in opposition to segregation in the early months of the war have not been justified. On the contrary, its usefulness has been strengthened and extended by experience. These patients do not imitate, nor in other ways react harmfully upon, one another. Moreover, it has been found that when placed in the general wards of a hospital, the sufferer from shell shock not infrequently is the butt of the other patients, who are unsympathetic and disposed to regard as trivial the tremors, stuttering speech, unnatural gait or other symptoms which characterize so many cases of shell shock. The admixture of these patients, as has been suggested, with cheery companions, suffering from non-nervous disabilities, might even be undesirable, and is certainly unnecessary.

The second principle is to give the medical officers liberty to treat their neurasthenic patients along such lines as they consider desirable, and which experience has shown to be of therapeutic value. There is no disorder to which the axiom "treat the patient and not the disease" applies with greater directness than to neurasthenia. This liberty of action is very necessary in view of the different types of neuroses and psychoses which are admitted to the special military hospitals under the guise of shell shock. Cases of exhaustion require rest in bed; paralytic cases require exercise and re-education of the movements of the paralyzed limbs. The simpler forms of anxiety need reassuring and explanation of the origin of their fears. The terrifying dreams which disturb the sleep of so many men suffering from shell shock must be analyzed and explained. The dreads and fears, delusions and hallucinations, and other morbid ideas must be searched, investigated and understood. After this, the re-education and readjustment of the patient's mental outlook toward his symptoms must be taken in hand.

It has been found that a too constant and too frequent use of massage, of electrical applications, of baths and of the other physical methods of treatment assiduously practised at the spas, tend to accentuate rather than relieve the condition for which they are used.

The third principle is *occupation.* Quite a number of cases of war neurasthenia and genuine shell shock in the early stages

derive great benefit from a "rest cure," but it has become increasingly obvious, with more experience and knowledge of these cases and of their causes, that rest and isolation have only a limited application. The best results are obtained by a judicious combination of suitable psychotherapy and occupation, mainly of an outdoor kind. It is useless to attempt to cure by work alone a man whose mind is depressed by anxiety and forebodings attributable to circumstances which he does not understand; but if by judiciously selected work and carefully regulated outdoor occupation, his sleeplessness is mitigated and his circulation and general nutrition improved, the value of the mental therapeutics is enhanced and supplemented.

The fourth principle is *compensation*. It was recognized early in the war that a large number of soldiers, who suffered from shell shock and neurasthenia, would be unfit to return to military duty, although their ability to carry on their civilian work after discharge would not be more than temporarily impaired. As it had been recognized for a long time that some forms of nervous disability were prone to exaggeration or might even be made chronic by undue consideration, it was determined that nothing should be done by the payment of pensions which would retard or prevent the recovery of soldiers who had become disabled through a nervous breakdown. It was thought, therefore, to be desirable to recommend the granting of a money bonus, in place of a pension, to selected cases of neurasthenia and functional nervous disorder occurring amongst soldiers when hospital treatment should be no longer necessary, and the patient unlikely to be fit for further military service. To carry out this selection and to assess as far as possible the money value of the disability, a special Medical Board was appointed under the presidency of Sir John Collie. The gratuity is paid to the soldier as soon as he leaves the military hospital to return to civilian life. Cases of neurasthenia who are unable to return to civilian work on discharge from a military hospital are passed also through this Board, which recommends a temporary pension or, if desirable, further treatment in an institution for after-care. By these means it is hoped to establish continuity between the military hospital and the after-care arrangements.

MENTAL HEALTH FOR NORMAL CHILDREN

WILLIAM H. BURNHAM, PH.D.

Professor of Pedagogy and School Hygiene, Clark University; President, Massachusetts Society for Mental Hygiene

THE simple principles of mental hygiene are sometimes neglected because so familiar; but they are as important as they are commonplace, since for the most part they are based both on world-old experience and on scientific study. They should be practiced in every home, and heeded in all forms of school instruction and discipline. Among the most important of them are the following:

(1) Children should be given opportunity for normal reaction to their natural instincts and impulses—to be active in play and work, to sleep at need, to express their emotions, not only to assert themselves, but to serve others and co-operate with them. Function, response to stimulation, action, work, represent the first conditions of mental as well as physical health.

(2) Children should be trained to control their activities and impulses. Natural and helpful control is not by repression and direct inhibition, but rather by indirect control. We control one muscle by contracting an antagonistic muscle; we control one action by doing something else, one interest by developing other interests; we stop thinking of one thing by thinking of something else. Repression means a short circuiting of the nervous reaction and the dissipation of energy within the nervous system itself, instead of normal expression in co-ordinated activity. Control means the utilization of the nervous energy in developing a new and healthful form of activity that may take the place of the unwholesome activity. Every interest is potentially a means of self-control.

(3) Children should be taught to concentrate attention on the one thing in hand. Children naturally do this. When the school attempts to transfer their attention from their spontaneous interests to the more artificial scholastic interests, care should be taken not to weaken the natural habit of concentrated attention. Short periods, complete attention, no dawdling, should be the rule. While developing the power to work for more distant ends, attention should usually be focussed upon the present situation;

and in the moral and emotional training children should be taught to live one day at a time, to settle their moral accounts every night, never to hold a grudge, never to let the sun go down upon their wrath, to look upon each morning as a new day in which to improve, but not to carry over their troubles from yesterday.

(4) Attention to the present situation implies orderly association, the next condition of efficiency and mental health. But in all subjects and all methods of instruction and training care should be taken to avoid all confusion and interference of association. Disorderly association means the beginning of mental conflict and worry. Tasks should be simple and definite, instructions clear and concrete, decisions and actions straightforward and whole-hearted. Thus habits of orderly association are developed.

(5) The fifth condition of mental health is an active attitude in the face of difficulties. The trying situations of childhood, "when a feller needs a friend," the occasions of worry, of fear, and rage, represent opportunity for the most important training. The physiology of these emotions indicates the hygienic response. An increased secretion of adrenalin into the blood serves as an emergency call; and all the energies are mobilized for action; an increase in the heart rate, an increase in blood pressure, an increase in sugar secreted from the liver, the stopping of digestion,—as a process of secondary importance that can wait for the time being,—are some of the emergency provisions. Everything is prepared for action. Vigorous action is normal. The repression of action probably means short circuiting and nervous strain. Normal activity for a child on occasion of fear, for example, may be to run away from the object of emotion or to attack it. The latter is morally better and usually safer and more healthful. By attempting always to do the best thing in a difficult situation, a habit of the utmost importance for the mental health is soon developed.

(6) The sixth condition of mental hygiene concerns normal social relations. It is better for a child's mental health to eat and play and work and study with other children than alone or merely with adults. To act with others as follower or leader, to serve, to co-operate, on occasion to resent, or to fight, represent healthful attitudes and healthful forms of activity; to deceive, to act cruelly, to be suspicious, to hold a grudge, represent unhealthful as well as unsocial mental attitudes. The only child in

a family, and others who have lacked opportunity for social development, should be given special training.

(7) The seventh condition of healthful mental activity is a normal sense of dependence. This is perhaps the essential psychological element in religion—a sense of dependence on a Supreme Being, or on the beneficent laws and forces of nature, or on the moral strength of humanity, or the categorical undebatable authority of duty, or one's sense of honor, absolute and worth while for its own sake. If not tampered with, this seems to develop normally in children; first as dependence on one's own parents, later as dependence on something higher. The adult's duty in regard to this activity is chiefly negative—never to cast any reflections upon the parent, or the child's religion, or sense of duty or honor, this sacred shrine of the child's moral life; never to ask a child to act contrary to his conscience or to do a thing contrary to his sense of honor.

Such are some of the fundamental teachings of mental hygiene. We attempt to give the feebleminded and the mentally disordered the benefit of them. We should not deprive normal children of the same mental training.

To state these principles is easy, to practice them infinitely difficult, and, to train children to practice them, a task for the greatest artist. For a teacher to do this, demands more than constant care and effort; it requires constant self-repression; for healthful mental and moral fiber is built up by a child's own effort, not by the activity of adults. It requires suggestion on the part of the latter rather than demonstration, example rather than exhortation, sympathetic guidance rather than blame, and in general, training rather than talk.

The child who has normal habits of reaction to his impulses and feelings, who has many interests and the power of self-control furnished by them, the ability to concentrate attention on the present, habits of orderly association, the active attitude in the face of difficulty, a steadfast purpose for service and co-operation, and a sense of dependence and unsullied honor, is not only sane, but prepared for happiness, efficiency, and mental health.

All this represents the positive side. If, on the negative side the obviously bad habits and unwholesome complexes of association are avoided, with reasonable care for proper alternation of work and rest, and sleep and normal hygiene in general, we have the conditions for the development of the mental health. These

conditions can be ensured only by the co-operation of the home and the school; and it is vitally important that parents take care that habits of health, in eating, activity and sleep, be developed in the home.

A CONSIDERATION OF CONDUCT DISORDERS IN THE FEEBLEMINDED*

L. PIERCE CLARK, M.D.
New York City

IT is customary for most of us to think of the problem of feeblemindedness in the gross, as composed of a group of so many dull, stupid, and incompetent children who are all either potential criminals, or are potentially good children who need segregation only, and that if they were properly housed and cared for, the life task for such children would be met for all time.

Now we all know that however energetic and benevolent the state may be, a large group of feebleminded children will be "in our midst" for many years to come, especially the high-grade type that usually masquerades under the behavior disorders of truancy, incorrigibility, or offenses against property and person in society at large.

Having the foregoing idea in mind, a group of us offered our services to the New York City Board of Education to act in an advisory capacity to help solve some of these by-product and benign problems in connection with the public school work. Personally I have had occasion to see many clinic cases of disorders of conduct in the feebleminded in which the issue was plain and the query was: What are we to do about it? After a little investigation of individual cases, the diagnosis of feeblemindedness in the pupils was obvious enough, but simple recognition of it was not sufficient to make possible a continuance of such pupils in the school group. Something more was necessary. It was soon obvious that for ordinary purposes the removal of such feebleminded pupils from the regular school and placing them in the ungraded classes was not sufficient. Conduct disorders have to be met upon the plane of their real defect—that of adaptation to the social life of the home, the school, and society in general. The principles governing the management of behavior disorders in the feebleminded are much the same as though the children were not feebleminded, but the interest-appeal and type of adjustment must be more precise and longer sustained.

* Read as a part of the Symposium on Feeblemindedness, Randall's Island, New York City, June 5, 1917.

The high-grade feebleminded usually break down in studies which require the most abstract reasoning. Arithmetic is that study *par excellence*, while geography and spelling, requiring a visualized memory, are very nearly as bad as mathematics. At the outset, expert mathematicians in the form of visiting teachers should go from school to school and pick out the beginners who lag, and put a short time of expert training on these pupils and conserve them from despair—for that is what inability to keep up with the class means to these slightly retarded pupils. This expert working force need not be large, for there are few teachers specially gifted in making the subject of mathematics real and vivid to the pupil who possesses a concrete mind. The slightly retarded need this expert attention, and without it their soul despair is quickly converted into all sorts of pathologic traits, irritability, sullenness, truancy, incorrigibility and like disorders of conduct. No one presupposes that one may take these slightly retarded or high-grade feebleminded children from the group of dull pupils and make brilliant scholars of them, but by special expert tutoring one may enable many of them to make the grade of "working papers"—the great desideratum of the public school system to-day—besides conserving such pupils from the conduct-disorder group, where a whole new system of special care may be necessary. The issue is comparable to the conservation work going on everywhere to save incipient criminals from the long, painful and costly road of crime. The higher grades of feebleminded and simply retarded pupils in private schools have long since been given this special tutoring, and why should not the public school adopt some such methods?

The foregoing, then, is the first real impingement in the progress of the high-grade feebleminded pupil; and, as though this were not enough to break down his naturally weak resistance to temptation, we find the average home of the pupil of this type is what it should not be. Often belonging to a large family, where the hardiest members get first attention, even in the home the backward child feels the keen competition for preferment, if he is not suffering from some physical handicap which silently pleads and gains for him the family pity and special attention. His very dullness which makes him often the object of merciless grind in school, makes it well nigh impossible for him to get help from some member of the family itself, often fearfully handicapped economically. Tired and disheartened from long hours of work,

the older sister, brother, or parent is no fit teacher for the backward and discouraged pupil. Thus neglected he seeks the easiest way out, and gains respite from his despair by questionable companionship with vicious-minded youths who are seeking such as he for idle exploitation. Thus he soon looks for comfort and entertainment outside the home and becomes a member of a gang or other antisocial group marauding the city streets.

What remedy may we urge for the delinquency of the home in the case of the mildly feebleminded, delinquent child? Until there are some satisfactory measures of curbing human passions, or gaining birth control with all the possible evils trooping in its train, we must supplement the home management by better discipline and urge a solicitous system of extra care for the backward child on the part of the different members of the family. It is astonishing how much can be done in such cases by simple, kind, common-sense talks with the parents, who, as a rule, are neither neglectful nor cruel when they once come to understand. They are often the first to ameliorate the physical and mental torture of these slightly retarded and backward children when they understand—when they find it is boredom or despair that these children experience, and not really original sin that lies at the bottom of their conduct disorders.

Supposing neither the home nor the school can, or does, meet the character faults such children exhibit—what then?

Through many years of experience, far-seeing citizens have learned that character defects shown in conduct disorders are met only by sidetracking and directing the overflow of energy into sluiceways of recreation and sport that are compatible with health and happiness. These backward and feebleminded delinquent children demand just this sort of stimulation to correct their bad habits. There can be *no direct suppression* of the gangsters, either of adult or of child type, which will prove a lasting and satisfactory success. We must build up something just as good to offset the vicious outlet furnished by the gang. If we be a Christian people, we ought to have the courage to try out the overcoming of evil with good, particularly when by so doing there is both a practical and an economic gain.

I have never seen a delinquent, feebleminded child of what I call the benign type whose conduct disorder was not done away with by correcting the school training, and the home and social environment. By benign, I mean one who has no essential inborn

defect of instincts, and there are more than three fourths of this group even in the worst types I have had to pass upon. This is the hopeful message I am able to bring to you with my experience in handling this group. Most often the feebleminded delinquent only slowly and finally retaliates upon us for the long list of wrongs we visit upon him, and my plea is for us in all fairness to make a new effort to understand him.

I shall now briefly cite a few illustrative cases to show what the faults are and how we make an attempt to overcome them. Unfortunately our follow-up records are not yet as carefully looked after as we should like. The Board of Education is so burdened with providing for its many duties that it has been able to provide but a fraction of the funds necessary to carry on the work for the feebleminded and the psychopathic children in the schools.

The first case is that of a girl of eleven years, who, because of her inability to progress in arithmetic, had been left behind until she was classed with those of about eight years of age. She cut teeth at one year, and talked and walked only when nearly two years old. When she first entered school she studied well but after a time, when she saw she could not do her arithmetic, she "soldiered" a good deal. She was reported as being lazy and indifferent. She did all handiwork well, and was efficient in the things in which she took a keen interest. After a time she began to be rather sly and was inclined to keep away from her playmates. She then became sullen and depressed, slept poorly, looked pale, had headaches and seemed on the verge of nervous prostration. At home her family spoke nothing but German; they could not help her in her school work and she became depressed and morose. In the examination at the clinic she answered well, and expressed a lively desire to go to work where she could make good. Her parents were encouraged to get some of their English neighbors to help this girl with mathematics; the school gave her special tutoring for a month. She lost all of her neurotic symptoms and gradually got on quite well and managed, though a slightly subgrade pupil, to keep up in school fairly satisfactorily. In this case, the school and the home quite easily conserved this girl from a nervous breakdown from a too arduous task imposed upon a slow and mild type of arrested development. She is still kept under observation and will be encouraged to get no more schooling than will be necessary to make her a capable handworker in some trade for which she already has a fancy.

The second case is that of a thirteen-year old girl with a mental age of ten years by the Binet scale. She stole, lied, and was incorrigible at home and at school. It was found that she realized that her conduct was bad. The teacher was over-strict, the home was very wretched, and little attention was paid to the girl except to punish and reprove her. In a precise analysis it was found that she did her work poorly because she was held to a too severe discipline by an unsympathetic teacher and by parents who repressed her solely. Another school with more physical activity was supplied; the home atmosphere was modified, and she joined a girls' club where the honor system was in force. After three months she showed good signs of continuing improvement, and she has steadily improved during the two years' observation. She is too impetuous and flighty in makeup to become a thorough and patient scholar, and she will be encouraged to take up some sort of shop work as soon as she gets her working papers.

The third case is that of a boy of fourteen, who, though he Binéted to seven years, in practical tests showed a primary mental endowment nearly equal to his actual age. He cannot spell the simplest words, and does not know the three-times-table in multiplication. His sense training in the school was but fair. He was especially quick to respond at command in imitation of all physical training. His handwriting was shaky and much of his industrial training was accompanied by trembling movements. He spoke well. His reading was 2A, and arithmetic 2B. The amount of general information was fair. His power of attention and memory were good. In the ungraded class he did good manual labor.

The family history was negative, and threw no light on the causes of his mental defect. An inquiry into the personal history was negative aside from an attack of scarlet fever at three years of age. A year after the fever, which was moderately severe, he had two or three peculiar fainting turns which pointed to a certain type of epileptic fits, but nothing similar to them has occurred since. He is a robust, fine-looking, bright boy, with no apparent physical or nervous disorder.

Careful testing shows his intellectual development to be that of a boy of seven. He stands in great terror of his father and the teachers, who think he is lazy and unwilling to learn. At home he read his lessons over and over again before the father came home at night, so that the father would not hear his mistakes and

scold him, but he continued to make mistakes in spite of all efforts. The main examination shows that he has a good disposition. He went through all the manual and motor tests easily and well; it was found that ever since the attack of scarlet fever he had been sluggish and indifferent to any kind of work requiring visual memory. He had always been poorest in spelling. His motor cleverness and ability to handle and understand mechanical work was well shown in an incident while in the country on a vacation. He wanted to take apart two broken bicycles and make one good one out of the remnants; after days of labor and much constructive adaptation, he succeeded in accomplishing the task in spite of being told that it could not be done. It was found that he had gradually become a timid type of boy and never played freely or naturally with other children, and preferred to be alone. He was interested in electrical work and attended to the electric bells in his home, and in fact did all the repair jobs about the house. He was employed at all sorts of work by the teachers in his school. His very lack of getting on at school seemed to have engendered a shyness, timidity, and feeling of inadequacy and doubt, which in turn were slowly shutting him out of daily friendly contact with the outside world. He was becoming morose and solitary in habits. What the boy himself had to say is as follows:

"I don't know why I can't get on at school; I can't spell, nor write, nor do arithmetic. I can do any sort of handwork; I seem to understand that by nature, but I can't carry anything in my mind. I mean I can't see a thing in the shop window and go home and make any part of a toy or machine by just having seen it in the shop. I want to be an electrician but realize I must know more about books if I am to do any good work in life. If I could get an education through my hands it would be easy."

We see here a boy of fourteen who is unable to make any progress in school work beyond the fifth year, owing to the fact that he has a rather poor auditory memory and practically no visual memory. On the other hand, he is able to do many kinds of manual labor, even of difficult technique, in advance of a boy of his age. He is a bright, intelligent, and neat-appearing boy. Intellectually he is not feebleminded, as he has a fairly well-elaborated mind in many if not all of the essentials of the rational use of his faculties. Undoubtedly the scarlet fever had something to do with the signal cutting out of the visual memory. Just what

happened at that period we cannot say at this time. The plain duty before us is to recognize that modern civilization places heavier visual memory demands upon us as life grows more complex.

Frankly and in brief, what are we to do for the poor visual-memorists represented by this boy, for the problem passes beyond the welfare of this individual boy to that of a large group. First, we must know more definitely what the audist and visualist types mean as regard mental development and useful work in the world. We must know what specific appeals may be made to help the weakened avenues of the sense impulses in development. Until these studies are completed, on which some of our group are now at work, we have recommended that this boy be given special motor and trade training with which ordinary school studies may be concretely added as a part of such motor work. Working under this plan, he is now more satisfied and is advancing in the acquirement of mental knowledge.

Now and then we come upon boys who are not only retarded, but are difficult to manage both at home and at school, and who pass beyond all ordinary conventional means of discipline but who do well under a routine similar to that of the George Junior Republic. They usually express a keen desire to take up their life work at the earliest possible date in order to make money and be able to engage in sports and other amusements. They want to become boy apprentices like others older than themselves. The school authorities are trying to find some way to continue school instruction while these boys are really apprenticed. If this is not done, we may be quite sure that such boys will continue to show more open revolt as they grow older and become either occasional offenders against society or hardened to a life of dilapidation and crime. The following is a case in point.

Case IV is a boy aged eight years physically, but many more than this in worldly wisdom. In the school he was classed as a nervous and inattentive pupil. He liked drawing and was good in arithmetic, writing, and spelling. The teacher thought that on the whole this boy was bright and quick, but he was very dull and slow in the things he did not care to do. The teacher reports that the boy is very nervous, and the boy thinks that the teacher is.

The mother died of tuberculosis when the boy was two and a half years old. The father is temperate; the grandmother, with

whom the boy lives, thinks the father's disposition is rather bad and stubborn, and she is therefore taking charge of the child.

The boy was normal in development after one year of age, when he recovered from marasmus. He learned easily, always kept up with his classes, and went as far as 2A. After acquiring this grade, he became inattentive. He has very good sense in regard to ordinary duties, uses tools well, chops wood, and is very active in running errands. He is naturally talkative, likes animals, is not especially obedient at home and resents being scolded and corrected. He seems naturally to pick out bad boys as being more interesting, and sets them up as his ideal. His grandmother thinks he is sly, and that he confides in his boy associates and not in her. He is not particularly truthful and is likely to find some way to secure his ends and do what he likes. On this superficial background of bad deportment and conduct, we shall now see what the boy's own story is:

"I don't like school as it is run; it is not as interesting as many other things. There is not enough to do. There are lots of other boys who do not like school any better than I do. I just go there and behave as I see fit. When they correct me, I tell them to mind their own business, and then if they punish me, I play truant. I like the boys very much and they like me. I do not like my home; it is so dull; they keep saying 'don't' to me all the time. My special friend is Tony; he is the head of the gang; we have a den and we get things from the 'ginny' at the corner. Some boy goes in and buys something in the shop and we take things off the stand outside. We only take things to eat; we get bananas, candy, and onions. We take bread and cakes from the little boys and girls who are sent to the baker's. We take all these things to the den and there have a good time. (With righteous indignation:) No, we never steal money; of course, we take pennies from the small boys who are sent on errands. When the cops chase us, we run out on the rafts and if necessary we go in the river. We know lots of places to hide away from the cops. I am second to the leader in the gang; they call me Henny Penny. We have had some good fights with other gangs, and get bruised up considerably, but we come out best on the whole. The boys who do not get any money at home and are not allowed to do errands to earn it, always steal it from their parents—how else are we to have any fun? Granny doesn't like me to be with these boys and she thinks they are bad company for me. I have

belonged to the gang about six months now. I hope to be leader some day."

From the foregoing we see a retarded boy who now revolts from the ordinary type of school and the home restrictions, with a certain desire in consequence for vagabondage. There can be no doubt that such boys must have a life of work and school that shall have more color. They must join some boys' club that shall make for a proper mind-discipline by the boy group, for, as you see, he thinks highly of what the boys really want him to do, and will hold to such attention, but not to the forced discipline of elders.

Case V is a boy of fifteen who Binéted to nine years. He is mentally retarded and might be classed as a high-grade moron. He is of Russian extraction, and there are seven children in the family. The home consists of three very disorderly rooms. This boy has been in an ungraded class for two years; his attention and memory are poor and he can do nothing in reading; physical training and number work are poor. He is irregular in attendance and plays truant; he smokes and uses vile language. He is sullen in behavior, seems unable to sit still, and is slovenly in his habits, giving the appearance of being poorly fed and neglected. The mother cannot understand why the boy has been placed in an ungraded class, as he appears to her as being bright. The only fault she can find with him is that he does not learn quickly. His younger brother tries to help him with his studies at home, but he does not seem to make progress. He does not like his teacher and wants to leave school and go to work. He is self-reliant but easily led, and if he does anything wrong he tries to lie out of it. He is cheerful and affectionate at home, but shows keen disappointment and grouchiness if not allowed to have his own way, and becomes cast down if his mother will not allow him to dress up in his best suit. The mother thinks it would be best for him to go to work, as he does not learn anything in school, and she thinks if his father was able to get along without an education, this boy can do likewise. The father can speak very little English and cannot write at all.

At the examination this boy said: "I am a good boy in school and I have no trouble there, except when I play hookey. The days I play hookey I work and make some money so that I can go to the movies. I do not like school and fool around a good deal so they won't make me go to school. I want to go to work. I like baseball and do not belong to any gangs."

Here is a boy who cannot make the grade, but if we could find handwork and school training to go together he would do well. Possibly, with the ungraded class system, associated with a group like himself, he could safely be encouraged to work as a skilled hand-worker.

Case VI is a boy of fourteen years who reached the grade of 7B but repeatedly failed to advance and stayed in this class five terms. He was a bully among the smaller boys, was incorrigible and restless. When warned to behave better in school, he directed his attention to his studies and did better for a week, and then fell back into his usual careless and inattentive ways. His parents are German and the home conditions are fair, as the mother devotes her time to looking after the household. He fights with his older brother, and teases his sisters. The boy tells his story as follows:

"The boys tell on me because they are not friendly. I just touched a boy, and when the teacher asked the boy what was the matter he said I pinched him and was going to hit him when I got outside. Another boy told the teacher that I always hollered 'Forward' in the line. I did it only once or twice. Nothing else happened in school. I didn't hit the boy outside; I just made him run. He is smaller and younger. I can fight square and fair with boys my own size. Sometimes I would misunderstand the teacher and tell her I was right when she said I was wrong. If people are all right with me I am all right with them. I had a fight with my brother because he cut my bicycle tire; to get square I hit him in the face and then ran away. I don't like school; probably I'd like to be a fireman. I like fractions, but I am not good in arithmetic because I hate long division. I am not good in geography. I like reading and drawing maps. We have no manual work at school and I don't care much about tools. I have read *Uncle Tom's Cabin*, and *Huckleberry Finn*. They are pretty fair. I like to be out with the boys and play baseball and get on all right with them. Both my mother and my father whip me, but I don't mind; they use a rope and it doesn't hurt much. My mother is pretty good to me."

A general, simple talk and explanation of this boy's difficulties in the school and at home resulted in much better co-operation and understanding, which relieved many of the conduct disorders from which this boy had suffered in consequence of his inability to make proper progress in the ungraded class system.

From the foregoing fragmentary remarks, one is made irresistibly aware that the whole problem of feeblemindedness is not summarized or schematized in saying that we know the cause of it is heredity, nor that it is due to frankly defective glandular function in the body. So far as we could ascertain, none of the foregoing cases had a feebleminded ancestry, nor did they have a physical makeup any different from the average. We shall never arrive at any proper understanding of the causes and prevention of feeblemindedness until we reconcentrate ourselves anew to the individual case studies and make them thorough and detailed and see where they lead us, instead of studying this class *en masse*, which has been the popular mode of late. Simple common sense will help us greatly in this work, and we must not neglect the plain and obvious facts for glittering generalities in the abstract. The main purpose of this paper is to show that we are dealing with an enormously complex human problem, and any attempt to schematize human beings into a specific formula will always be foiled by facts. Psychopathic traits, or, better, conduct disorders in the mentally-retarded and arrested children, need to be considered and studied on the broad plane of our present-day knowledge of personality and psychiatry but above all, in doing so, let us do it simply and with good ordinary common sense, and I am sure we will gain the cheerful co-operation of the parents, the school, and society at large.

To summarize, in brief: We find that this group of feebleminded children needs special help in its school work in order to keep from lagging behind, and this should be given by a small group of expert teachers at the very beginning, as a timely treatment to keep the children from lapsing into a state of despair at their inability to keep up with the class. Both the school and the home should co-operate in the task of adjusting these children so that they will gain the proper outlets for their activities, which would otherwise seek channels of antisocial behavior and conduct. In addition, considerable utilization of neighborhood settlements and boys' and girls' clubs should be made, to supplement the stilted home environment, to overcome the tendency such children have toward associating with vicious companions, and particularly in regard to the boys joining gangs and seeking companions with antisocial tendencies.

FEEBLEMINDEDNESS AND INDUSTRIAL RELATIONS*

C. S. ROSSY

Industrial Psychologist, Psychiatric Clinic, Sing Sing Prison, Ossining, New York

ONE of the principal phases of the problem of feebleminded-ness is the relation of the defective individual to industry. What can the mental defective do? What are the results of his attempts to compete with normal individuals? What conditions are most favorable for his maximum industrial production? Without doubt, these are questions deserving careful attention. Let us approach the subject from two different angles, considering first, the feebleminded individual within the institution, and second, the feebleminded individual at large in the community. In the case of the former, the mental defect has been recognized and a favorable environment has been provided, but the individual at large, with his deficient mentality undetected, is obliged to contend with those better equipped than himself and almost always fails to meet the industrial adjustment possible for those under direct supervision.

Within an institution for the feebleminded, we generally find three distinct types of defectives, namely, the very low-grade feebleminded case, commonly called the "idiot," the slightly higher type, designated as the "imbecile," and the still higher class, usually known as the "moron." In our consideration of industrial relations, we are not here concerned with the idiot, since he is either entirely untrainable or so defective in motor control that he cannot be made useful and must remain forever a dependent. The other two types can almost always be trained for work, unless there is a physical impediment. As Dr. Walter E. Fernald says, the low-grade feebleminded can be trained, even if only to carry objects from one place to another, and as an illustration he describes the manner in which a boy with poorly developed mentality may be taught to carry stones from one pile to another pile:

"A stone is placed in the unwilling hands of the boy, his fingers are closed around it, he is led to the second pile, his clasp is relaxed, and the stone allowed to drop. In company with other boys, this is repeated the next day, and the next, until finally,

* Read at New York University, February 23, 1917.

assisted by the faculty of imitation, the boy learns to pick up a stone and drop it in a given place of his own accord. . . . If he proves sufficiently teachable, his capacity for motor response is turned to practical account. Instead of picking up the stone from the formal pile, he is sent off into the fields, where he assists in cleaning the rough land, or is taught to use the grub hoe, to dig potatoes, to plant corn, etc." [1]

On account of the lack of development in the more complex mental processes, as, for instance, reasoning and judgment, motor training is generally adopted in the education of defectives. Although verbal instructions usually make little impression on defectives, they are easily stimulated if shown how to perform an act and their response is, as a rule, quick and fairly satisfactory. By employing motor training, which is based entirely on the imitative response, it is possible to engage the individual in some form of serviceable manual labor. The education of the feebleminded is usually a combination of instruction in elementary school subjects, such as reading, writing, simple arithmetic, etc., and training in industry, chiefly in those fields involving manual work. The instruction is gradually made more difficult until the defective proves himself incapable of comprehending more advanced subjects.

The highest grade individuals found in the schools for the feebleminded are often able to acquire considerable practical knowledge and in many cases render valuable service to the institutions themselves. An instance was brought to my attention of a feebleminded boy who came to an institution after an existence of neglect and privation, and who, after systematic training along the lines for which he was best fitted, namely, music and manual work, was later enabled to take charge of certain classes and eventually became the orchestra leader and a reliable attendant in the institution.[2] Another interesting illustration is that of a defective boy who showed such proficiency in manual work that he was placed in charge of the manual room and later was released as an inmate and placed on the pay-roll.[3]

It is a well-established fact that the best occupation for the feebleminded is farm work, the most important reason for this being that many occupations upon the farm do not demand a

[1] Fernald, Walter E. The Templeton Farm Colony for the Feebleminded. Reprint from the Survey, March 2, 1912.

[2] Sixty-third Annual Report of the Pennsylvania Training School for Feebleminded Children, p. 12. Elwyn, Delaware County, 1914–1915.

[3] Sixty-fifth Annual Report of the Syracuse State Institution for Feebleminded Children, p. 15. Albany, 1916.

high degree of intelligence. Other reasons are: that the environment does not offer the complexity of city conditions; that the men are happier and more contented under the changing routine of rural labor; and that fresh air and outdoor exercise are inducive to good health, which so many of this class lack. The majority of schools for the feebleminded are situated in the country and are devoting considerable attention to farming and gardening and to canning and preserving the products. The fact that the institutions are yearly acquiring more acreage and enlarging their agricultural departments suggests the possibility that the school for the feebleminded may eventually be largely a self-supporting agricultural station.

Besides farming, there are, however, many occupations in which the institutional feebleminded can be trained, and in which they can be remarkably productive. Doctor Sherlock, of England, states in his book *The Feebleminded* that defective individuals "are willing workers, and, if their work is so arranged as not to impose too prolonged a strain on their attention, their industry leaves little to be desired. Many of them are open to the stimulus of emulation and many, too, take so great a pride in what they turn out that any evidence of its being appreciated supplies a strong inducement to continued efforts at improvement. Almost all forms of manual labor are available for the feebleminded. . . ."[4]

If we look through the industrial departments of schools for the feebleminded in this country, we find that several branches of manual labor are being taught with marked success. It is customary for the different institutions to arrange exhibits of the output of the inmates, where a variety of well-finished handiwork testifies to the proficiency of the pupils. Among the industries practiced in these institutions, in addition to farming and gardening, may be mentioned carpentry, basketry, chair-caning, weaving rugs, hammocks, and towels, making rag carpets, shoes, mattresses, wells, chopping wood, painting, plumbing, printing, knitting, sewing, embroidering, tailoring, laundry work, general housework, and cooking. In some institutions, manicuring is also taught, with the aim of discouraging a prevalent practice among inmates of biting their nails.

At the beginning of industrial training, the girls and boys are usually instructed practically along the same lines, but

[4] Sherlock, E. B. The Feebleminded. London, Macmillan & Co., 1911.

later a differentiation of occupation is made. As far as possible, individuals are placed at trades in accord with their natural aptitudes.

At this point an idea suggests itself in connection with the expediency of vocational guidance among feebleminded individuals, based on a study of their mental constitutions. I believe that it may be possible to bring about better industrial adjustment of the feebleminded in institutions if, by the introduction of laboratory methods, we can detect in each individual the inherent characteristics that fit him more for one occupation than for another. Just as we find that not all normal individuals can be adapted to the same conditions, so we discover it to be the case with the feebleminded, for the defective individual differs from the normal mainly in being mentally under-developed. With the normal person, we can measure his amount of intelligence, we can determine the nature of his emotions, and we can discover the psychophysical characteristics which would make him most efficient in a particular type of occupation. The feebleminded subject presents to the vocational psychologist similar material for study. Laboratory methods should determine why a defective boy can do highly satisfactory work—say, in carpentry—while another defective boy who has received similar training and experience is a complete failure in the carpenter shop.

The factors responsible for any individual's occupation are various, chief among them being environment, education, and innate ability. When we deal with institutional cases, we find that the value of previous environment and education is, for the majority, greatly minimized and we have to confine our attention almost entirely to the question of such innate ability as there may be. Some feebleminded subjects, especially of the high-grade type, possess a certain degree of mechanical skill and usually can be trained to perform efficient work in mechanical trades; they may not, however, be able to concentrate long enough to attend continuously to detailed and monotonous work, and therefore the tasks assigned to them must be of short duration. It is of practical importance to place the inmates at tasks on the basis of their individual abilities. This can be done to greater advantage by examining each subject and detecting the intellectual and affective processes that have attained greatest development. If we know the demands of an occupation and the capabilities

of an individual, we are in a position to declare whether he is fitted for the work or not. This statement applies equally well to the normal person and to the feebleminded case in an institution.

The nature of institutions makes it possible to place the feebleminded subjects in a favorable environment and, with proper supervision, to bring about a satisfactory industrial adjustment. However, when the same subjects are left to themselves, they are practically incapable of earning a livelihood. Some institutions report that from twenty to thirty per cent of the pupils discharged are self-supporting, but, as a rule, the percentage is not higher than ten to fifteen. No matter how much time we spend in training a mentally defective individual, we cannot create in his mind whatever ability is lacking through faulty development; we may be able to establish motor and sensory habits that will perhaps be of assistance to him in securing a living, but we cannot produce judgment nor planning ability. A self-supporting feebleminded subject may be able to earn sufficient money to cover his daily expenses, but he is almost never able to save anything or to regulate his economic activities.

While, as we have just said, some institutions claim that a fairly high percentage of the inmates they discharge become later self-supporting, other institutions furnish us with data showing that the majority of their discharges have met with industrial failure. In this connection, I wish to refer to some facts regarding the discharge of feebleminded patients which I have taken from the *Sixty-fourth Annual Report of the Syracuse State Institution for Feebleminded Children*, issued in 1914. Until that year the institution had no authority to retain individuals, for which reason it was forced to turn back into the community any inmates for whom there was a request. From October, 1907, to December 31, 1913, the total number of discharges from this institution was 359. Of these individuals, there were 319 of working age, that is, over the age of sixteen. Only eight of these cases were able to support themselves satisfactorily after leaving the institution; this number includes seven boys and one girl. There were eighteen who were partially self-supporting; of these, seventeen were boys and one a girl. By "partially self-supporting" is meant the ability to contribute something toward daily maintenance, but obliged to receive financial assistance before

covering all expenses. The occupations followed by the 26 wage-earning individuals with the number of instances of each were:

Choreman	13
Shophand	6
Laborer	2
Errand boy	1
Farm hand	1
Salesman	1
U. S. Army	1
Unknown	1
Total	26

The maximum salary obtained by any of these individuals was $10 a week, while 12 of the choremen received nothing but board. Of the 359 discharges, 323 were unable to earn wages and continued to be cases of dependency after their discharge from the institution.[5]

We have so far dealt with cases placed in schools for the feebleminded. Let us next consider a somewhat higher type of mental defective found in institutions of a different nature, individuals not always presenting the characteristics of the clinical type, but nevertheless possessing a marked degree of mental deficiency, combined with active anti-social traits. In this class belong adults of both sexes who, by reason of their inferior mentality, fall victims to the influence of injurious factors and finally indulge in criminal behavior, thereby becoming a danger to the community and a burden to the state. I refer here to the defective individuals who constitute such a large percentage of our prison population.

These individuals, besides possessing subnormal development of intellectual functions, usually exhibit abnormal temperamental conditions. They are, as a rule, highly suggestible, lack ability to control desires, show little or no sense of responsibility, have little foresight, are deficient in perseverance, and easily become irritable. Psychological examination of these subjects generally reveals defective judgment and comprehension, poor memory, unstable attention, faulty apperception, and limited learning ability.

The number of defectives in prisons and reformatories has been shown to vary from twenty to forty per cent. In the Massachusetts

[5] Sixty-fourth Annual Report of the Syracuse State Institution for Feebleminded Children, p. 23. Albany, 1915.

State Prison, it was found that the percentage was twenty-two,[4] while in Sing Sing Prison it is about thirty.

When we consider the industrial phase of this defective prison population, we are impressed by the fact that nearly all these individuals have engaged at some time or other in economic activity and that most of them have had a career of industrial inefficiency. Some of the most striking personal characteristics that we discover when we inquire into the industrial record of these subjects are their lack of habit of industry, their inability to retain a position for a prolonged period, their failure to persist in a specific line of work, and their want of ambition.

In an investigation of the industrial careers of fifty mental defectives now confined in state institutions in Massachusetts and New York, I found that the average age was twenty-nine years, and that very few had held less than five positions. The average mental age for this group was ten years. One of these cases was nineteen years old and had held sixteen positions. The statement becomes easily plausible when we realize that positions are often held no longer than two or three weeks.

The four cases following are presented as illustrative of the degree of success or non-success met by feebleminded subjects in economic life. As far as possible, no facts have been included here beyond those relating to the industrial careers.

The first case is that of a colored man, forty-one years of age, who is at present confined in a state institution. His father was a sea-faring man, and the subject worked with him as an assistant on the boat until he was twelve years old, when his father died. Following the death of his parent, he received employment on a farm, where he was paid a salary of $10 a month in the winter, and $40 a month in the summer. At the age of eighteen he left the farm and for a year held several positions as driver, doing miscellaneous job work at an average salary of $20 a month. When nineteen years of age, he married a normal woman, and, during the next few years, held eight positions as laborer, the longest time given to any one of them being six months. On account of his inability to secure a permanent position and also because of his desire to become a sailor, his father-in-law helped him to buy a small boat. Upon the acquisition of this boat, he

[4] Rossy, C. S. Report on the First Three Hundred Cases Examined at the Massachusetts State Prison, p. 14. Bulletin No. 17 of the Massachusetts State Board of Insanity, January, 1916.

went into business for himself. In the summer-time he took people on fishing expeditions; in the winter-time he secured money by renting his boat at $5 a day, or by dredging for oysters and clams. He succeeded in this line of work, making as much as $100 a day in the summer-time, but frankly admits that his success was due to his wife, who very efficiently conducted the business for him. Subject was arrested once for stealing a horse and was sentenced to a state reformatory. He was later arrested for receiving stolen goods and served a year in a penitentiary. He is now serving a third term for using his boat for immoral purposes. Psychological examination of the subject shows that he has a mentality of eleven years. This individual presents an illustration of the fact that a feebleminded person can do efficient work under proper supervision. He was fortunate enough to marry a normal, intelligent woman, who was able to conduct his business for him.

The next case is that of a young man, twenty-one years of age, of Irish descent. He began his industrial career at the age of fifteen, working on the delivery wagon of a laundry at a salary of $4 a week, but, a week after employment, decided to change his occupation and took a position on the delivery wagon of a grocery store. He began in this position with a salary of $6 a week and was earning $10 a week when he was discharged a year later on account of getting into an argument with one of the customers of the store. He then obtained work as assistant mechanic with a metal perforating company at a salary of $8 a week. After holding this position for a year and a half, he left the company, believing that he could do better somewhere else. He applied for work with a drying and cleaning company and was given a position at $10 a week, but was discharged three months later on account of an argument with his employer. He was now eighteen years of age. His next position was as clerk in a poultry market, where he was paid $12 a week, but, six months afterwards, he engaged in a fight with another clerk in the store and had to give up his position. He was next employed in a laundry as a wringer. Here he was paid $14 a week, the largest salary he ever received. He held this position two and a half years, until he was arrested on a charge of burglary and sent to prison. Psychological examination shows that this subject has a mentality of ten years. He is representative of the impulsive, irritable, temperamental, low-grade moron, and his failure in economic life is largely due to his emotional instability.

The third case is that of a colored man, eighteen years old, who has not retained any position more than one month. He is obedient, passive, and careful, but lacks perseverance, is slow, and becomes easily dissatisfied. The following is an account of his industrial career:

At the age of fourteen he was employed as switchboard operator in an apartment house, but kept his position only three weeks. He then served as hall-boy with a salary of $7 a week, but was discharged one month afterward because of his inefficiency. After being idle for a few weeks he secured another position as switchboard operator, holding this for one month; upon his discharge he was employed as automobile washer in a garage at $10 a week, but, after four weeks, became dissatisfied with the work and left of his own accord, later obtaining a position in a bowling alley. He was able to hold this position for three weeks. Having difficulty in securing any other kind of work, he again accepted employment as switchboard operator, but was discharged a week later. Then he became night operator in an apartment house at $7 a week, but remained in this place only two weeks. His last position was that of hall-boy, but, as before, he was not able to retain it for longer than a month. In the majority of cases, he was discharged on account of inefficient work; in a few instances, he left his position voluntarily, finding some cause of dissatisfaction. His maximum pay was $10.50 a week, while the average was $7. Psychological examination reveals that this subject has a mentality of eleven years.

The fourth case is that of a young man twenty-two years of age who shows a changeable disposition similar to that of the previous case, but who differs in the respect of being quick and active in his work. He is unable, however, to retain interest in any position and is fond of novelty. He began his industrial career at the age of eleven, when, as he says, his "father kicked him out of the house." He has held the following positions:

1. On a farm, for six years; salary $1.50 a day; left because he got tired of the work.

2. As driver; salary $1.50 a day, tenure, three months.

3. As driver for a truckman; salary, $1.75 a day; tenure, two months; left because he had a quarrel with another employee. Unemployed one month, then secured work—

4. As driver, salary, $1.50 a day; tenure, two months; left because work was not congenial.

5. As substitute, shoveling coal on a wagon; salary, $1.50 a day; tenure, one month.

6. As driver with circus; salary, $35 a month, with all expenses. After the season was over, kept going "on the road" with—

7. Other shows for two years. Then returned to his home city at the age of eighteen and was employed three months; was then arrested and sent to penitentiary.

8. As janitor in penitentiary; tenure, six months.

9. As helper on an express wagon; salary, 75¢ to $1.50 a day; tenure, three months; left because he got tired of the work.

10. As coal heaver in a coal yard; salary, $10 a week; tenure, two weeks; left because he had a fight with a fellow workman; unemployed one month, then secured position again—

11. As helper on express wagon, same salary as when previously employed there; tenure, four months.

12. As driver for the street department of his home city; salary, $1.50 a day; tenure, eight months; unemployed three months, then worked again—

13. As helper on express wagon; same salary as previously; tenure, two months.

14. As caretaker of two horses and two lunch wagons; salary, $9 a week with board and room; tenure, one month; left on account of alcoholism. Went to a western city where he stayed one month, unemployed, then returned to his home locality, where he worked—

15. As a farm hand for three weeks; salary, $1.50 a day; left because he did not like the work.

16. As driver for the United States Army; salary, $1.25 a day and board. Claims to have deserted the army.

17. Again as helper on an express wagon; salary, $1.50 a day; tenure, two months; discharged because he broke two trunks.

18. As coal heaver for the man with whom he had worked previously; salary, $11 a week; tenure, four weeks; laid off; came to New York City for a week, then returned to his home city.

19. As driver; salary, $12 a week; tenure, three weeks.

20. As helper on an express wagon; tenure, one month; was then arrested.

The mental age of this individual was found to be seven years. It is interesting to note that the family history reveals that a brother and a sister of the subject are in reformatories, that another brother is considered "foolish" by his relatives, that a

sister is crippled and the mother an invalid, and that the father is alcoholic.

These histories are representative of the industrial careers of the feebleminded individuals found in penal institutions. As stated before, there is probably 30 per cent of definitely defective cases in a prison such as Sing Sing, and an approximately equal percentage is found in almost every other prison. Moreover, there are in such institutions many psychopathic individuals and a large number of alcoholics who have deteriorated to such a degree as to be unable to engage successfully in any but the simplest forms of labor. In view of the fact that such a large proportion of the prison population is composed of subnormal individuals, especially of high-grade defectives, the question of prison industry acquires importance and deserves a place in this discussion.

A considerable number of individuals sentenced to state prisons have never learned a trade nor have they had a steady occupation. The Psychiatric Clinic at Sing Sing Prison made a survey of a thousand inmates of the institution and found that the most common age at the time of commitment was twenty-four. In view of this fact we can safely say that many of these individuals who have not succeeded in economic life are, when committed to a penal institution, still at an age at which they could profit by training and perhaps develop a habit of industry.

Of course, the selection of a trade for an individual who has been an industrial failure is not an easy matter. Careful investigation and systematic experimentation is necessary. The Psychiatric Clinic, under the direction of Dr. Bernard Glueck, has recently undertaken the task of placing a man in the industry most suitable for him. This task is not hard when low-grade types of feeblemindedness are concerned, for, naturally, these subjects cannot be trained in difficult trades, although they can accomplish satisfactory results if placed under adequate supervision and assigned to simple labor. Similarly, the intelligent individual who has a trade and who has worked at it successfully presents a comparatively simple problem. However, when we have to deal with the psychopathic case or the high-grade defective, the task becomes at once complex.

The Psychiatric Clinic is attempting to handle the problem in the following manner: After each new inmate has been submitted to a careful medical and neurological examination, and has

been questioned concerning his family and personal history, a special examination is then given to determine his aptitudes, and an investigation, as comprehensive as possible, is made into his industrial career. Data are accumulated relating to the number and types of positions the subject has held, salaries received, tenure of each position, reason for leaving, periods and causes of unemployment, interest felt in work, nature of position in which best work was done, and personal relations with fellow-workmen. The special examination to which I have referred is conducted with the aid of psychological methods; its object is to determine the degree of development of certain mental characteristics that are involved in industrial pursuits. We have arranged a tentative list including most of the mental functions required for different occupations, as for instance, constructive ability, planning ability, analytical ability, motor co-ordination, attention, etc. By the application of psychological methods, we are enabled to estimate roughly a subject's fitness for a particular line of work. Having thus analyzed the individual, we attempt to place him in the prison shops at the occupation in which he will be able to accomplish the most. An adjustment of prison labor in this fashion should bring to the prison a reduction of waste and, eventually, an increase in production and to the individual, familiarity with a trade which he could pursue after his discharge. It is easily understood why this undertaking is best accomplished by a Psychiatric Clinic when I explain that the majority of the inmates of the prison present a definite mental or medical problem.

We come next in our discussion to a consideration of the feebleminded individuals who are at large in the community. The majority of these defectives belong to the high-grade class, and their deficiency remains unrecognized until continued inefficiency or anti-social conduct demands attention. It should be understood that the term "feeblemindedness" does not necessarily involve complete dependency and absolute lack of ability to assume industrial activity. In the strictest sense, these high-grade subjects may not all fall within the category of feeblemindedness, for they may not show the biological characteristics of the type found in institutions; however, they lack the mental ability to adjust themselves to industrial life and make a success of it. When they are carefully examined, their histories investigated, and their intellectual qualities tested, they are found to be, after all, similar in many ways to the well-known institutional

case. If these individuals do not come exactly under the biological classification of feeblemindedness, their inferior mentality and economic failure surely include them under the psychological and sociological classification; that is, they are feebleminded because their mental make-up is far inferior to that of the average individual and they have proven themselves unable to earn a steady livelihood or to save any money for future use.

The high-grade moron is the most capable of the mental defectives of actually earning a livelihood, and we discover him in almost every group of applicants for employment in positions which do not involve special ability. The employment departments connected with industrial concerns are not always prepared to detect him, and one is certain of finding employment assigned to any number of morons. As a rule, they are industrially inefficient, except in the very rare instances where proper supervision is provided and the occupation is of such simple nature that it does not overtax their limited ability.

For the purpose of determining the nature of occupations in which mentally defective individuals engage, we have selected for study 150 adult males diagnosed as feebleminded, who have been confined in state institutions. In investigating as far as possible the industrial careers of these subjects, we learned the following facts: 37 had been common laborers; 22 had done house and hotel work, acting as butlers, waiters, cooks, etc.; 20 had worked as chauffeurs, drivers, and teamsters; seven had been farmers; 22 had worked as shop hands; five as rag pickers and peddlers; seven as tailors and pressers, and 30 had engaged in mechanical trades.

The mental ages of the 150 selected subjects were as follows: three possessed a mentality of seven years; fourteen a mentality of eight years; 29 a mentality of nine years; 22 a mentality of ten years; 69 a mentality of eleven years, and thirteen a mentality of twelve years.

In correlating the mental ages of these individuals with the types of occupations in which they had engaged, we find that the subjects possessing the highest development of intellectual ability had been engaged in the occupations of chauffeur, clothing-cutter, electrician, attendant in hospitals, and painter. Most of those having a low-grade intelligence had been working as shop hands, farm laborers, laundrymen, and peddlers. Of the peddlers, not one had a mentality over ten years. For the group of common laborers and for the group of factory hands, the average mentality in each case was ten years. A fairly high mentality was found

among men with trades such as shoemaking, carpentry, and bricklaying.

If we use these statistical data as a basis for a conjecture, we can say that, of the adult mental defectives engaged in economic activities, fifteen per cent are found doing factory work. In almost every manufacturing concern, we meet cases of intellectual defect, and these are, as a rule, the most costly employees to the factory. They are unsystematic in their methods of work, neglectful, and forgetful of their duties; they show little sense of responsibility, are noted for their lack of punctuality, and evince a readiness to leave their tasks at the slightest dissatisfaction, irrespective of consequences. There is a very interesting tendency inherent in these individuals to save money until a little has been accumulated and then to give up work with the idea that they can start a business of their own.

On account of this instability to which I have just referred, the intellectually defective employee causes his employer an increase in the natural turn-over of labor and likewise an increase in the expense of maintenance. It has been estimated that the loss that a company incurs when an employee is discharged or leaves voluntarily after having been employed but a short time is about $30. This is, in fact, a conservative estimate, for a great number of industrial concerns place the figure at $50.

To give an idea of what the labor turn-over means to a company, I wish to quote here the result of an investigation which I undertook in one of the manufacturing plants of this city. The conditions in the factory were such that the number of employees discharged monthly was greater than the number of employees actually necessary for carrying on the work of the factory; in other words, to fill one position, often two or more workers had to be engaged and were subsequently discharged in the course of one month. It was found that the factory had for the past year a turn-over of 108 per cent, while computations showed that the normal turn-over for that particular industry should not have exceeded 30 per cent. The company had, therefore, an excess turn-over of 78 per cent, which brought a yearly loss of approximately $48,000. It would be absurd, of course, to infer that this loss was due wholly to the employment of feebleminded individuals, but it can be safely stated that, if provision had been made by the company in question to eliminate intellectually inferior workers, the yearly loss would have been greatly reduced.

Employers have not yet realized the great advantage to be derived from the application of intelligence tests as an aid in distinguishing the intellectually inferior from the normal applicant for employment. In the few places where psychological methods have been introduced, results of practical value are being obtained. Among the institutions utilizing psychological methods for the selection of employees may be mentioned the Psychopathic Hospital of Boston.[7] During the past two years this hospital has followed the practice of submitting every candidate for employment as clerk or attendant to a systematic examination. As the results obtained at this institution show that the percentage of intellectually sub-normal individuals among candidates for employment as ward helpers is high, I wish to present here data relating to the examination of sixty consecutive applicants.

The examination consisted principally of the Yerkes-Bridges Point Scale, supplemented by as many special tests as in the opinion of the examiner were necessary.

The classification of the sixty candidates was as follows:

Intellectually inferior	12
Slightly sub-normal	10
Normal	38

All the subjects in the "intellectually inferior" group graded below 76 per cent according to the Point Scale, and their reactions were indicative of intelligence defect. According to the norms of the Point Scale, the mentality of these subjects had not developed beyond the intelligence of a child twelve years of age, or younger. Employment was refused to all of this group.

In the group of "slightly sub-normal" individuals are included those applicants who obtained a grading between 76 per cent and 82 per cent, that is, those who possessed an intelligence of from twelve to fifteen years; in the normal group are included all applicants who obtained a score above 82 per cent, that is, those who graded above the standard for the mentality of fifteen years.

It was interesting to note in connection with this study that a history of alcoholism, immorality, or delinquency was obtained from most of the cases of the intellectually inferior group.

It is an acknowledged fact that defective individuals occupied in steady work are less likely to engage in anti-social behavior. Unfortunately, a large number of them fail completely in their

[7] Rossy, C. S. The Yerkes-Bridges Point Scale as Applied to Candidates for Employment at the Psychopathic Hospital. Boston Medical and Surgical Journal, Vol. 175, p. 822–824, December 7, 1916.

industrial pursuits and gradually drift into a life of alcoholic indulgence, delinquency, and immorality, especially if they fall under the influence of an undesirable environment. It is believed that a large percentage of feebleminded girls become prostitutes. In an investigation made at the instigation of the Massachusetts Legislature, it was discovered that as many as 51 per cent of the prostitutes confined in the prisons, houses of detention and industrial schools in the State of Massachusetts were definitely feebleminded.[8]

Many vagrants are mentally defective. Doctor Terman, of Stanford University, in his recent book, *The Measurement of Intelligence*, says, with regard to an investigation conducted among tramps:

"Of 150 'hoboes' tested under the direction of the writer, at least 20 per cent belonged to the moron grade of mental deficiency, and almost as many more were border-line cases. To be sure, a large proportion were found perfectly normal and a few even decidedly superior in mental ability, but the ratio of mental deficiency was about fifteen times as high as that holding for the general population. Several had as low as nine or ten years' intelligence, and one had a mental level of seven years. The industrial histories of such subjects, as given by themselves, were always about what the mental level would lead us to expect—unskilled work, lack of interest in accomplishment, frequent discharge from jobs, discouragement, and finally the 'road.'" [9]

Professor Eleanor Rowland, of Reed College, and Glenn R. Johnson, now of Columbia University, have found a similar percentage of feebleminded subjects in an examination made of 108 unemployed charity cases in Portland, Oregon.[10]

The possible relationship between mental defectiveness and accidents in factories is worth investigation. The prevention of accidents is one of the most vital problems in the field of industry. Statistics show that 2,000,000 men and women are injured each year in the different industries of the country. This means that one person is injured every sixteen seconds. In New York State alone, 683 accidents are reported daily to the Workmen's Compensation Bureau,—in other words, an accident every two minutes.[11]

[8] Report of the Commission for the Investigation of the White Slave Traffic, So-called. Commonwealth of Massachusetts, House—No. 2281, p. 28. February, 1914.

[9] Terman, Lewis M. The Measurement of Intelligence, p. 18. New York, N. Y., 1916.

[10] Johnson, Glenn R. Unemployment and Feeblemindedness. Journal of Delinquency, vol. 2, p. 59–63, March, 1917.

[11] Wilson, Lewis A. Safety First for Vocational Schools, p. 7–8. University of the State of New York Bulletin No. 621. August 15, 1916.

Factories have devoted much time and money to prevent accidents, and numerous books and pamphlets have been written on the subject but, with very few exceptions, the direction of improvement has been towards developing safety devices rather than towards studying and adjusting the individual worker. Possibly the reason for this may be the fact that the average employer assumes that every employee is a normal individual. A great number of the workmen engaged in factory labor are, however, incapable of displaying normal judgment and reasoning power. An individual who strikes a match in a room filled with inflammable vapor, or who leaves a box on the floor of a dark passage-way, or who places a ladder directly in front of a closed door before mounting it, is certainly below the normal in sense of responsibility and power of analysis.

In the first issue of *The Spirit of Caution*, published by the Conference Board on Safety and Sanitation, examples are quoted of the explanations of accidents given by a group of metal workers applying at the Dispensary for medical treatment.[12] Among others, we find statements like these:—"My necktie caught in the drill spindle." "I tried the snap gage while the lathe was still running." "His truck came along and knocked my ladder from under me." "I stumbled over a belt shifter lying on the floor." All these explanations show that the accidents occurred through carelessness or negligence.

Knowing that there is a large percentage of intellectually defective individuals employed in factory work and sometimes assigned to dangerous occupations, we cannot help feeling that intellectual inferiority is in a great measure responsible for the many accidents in connection with industry. I recall the case of a young girl who lost three fingers of her right hand while working on a corrugating machine. Physically, this girl was able to run the machine; mentally, however, her development was equal to that of a twelve-year-old child. I am sure that no employer would have considered putting a child of twelve years in charge of that dangerous machine.[13]

There is a question that has, perhaps, occurred to many minds, How can the factory determine the mental status and competency of its employees? In attempting to answer this question, I

[12] Bonehead Acts of Workmen. The Engineering Magazine, p. 442. June, 1916.

[13] The employment in a large powder factory of a patient who had escaped from a neighboring school for the feebleminded was recently mentioned in the daily press.

desire, first, to describe the method of procedure commonly followed by most factories when a new man is employed, and, second, to indicate wherein these conditions could be altered and improved.

In most industrial concerns a centralized employment department is, as a rule, the agency for selection, adjustment, and supervision of workers. Whenever a new employee is sought, the foreman of the department concerned sends a requisition to the employment office, which then advertises for the worker desired, or selects him from the crowd that is constantly pouring into the office, or finds him on the waiting list of men who have previously applied for employment. The candidate is asked to fill out an application blank, and his references are investigated; after a few minutes' conversation with the employment manager, he is appointed or sent to the foreman. The selection is almost always made in a superficial manner. The man is "tried out" at the occupation and, if he is not efficient, is discharged, and a new requisition is sent to the employment office for a second man to fill that position. The loss of time and energy involved in such a procedure is accompanied, as has been already pointed out, by a considerable expense to the company.

A more satisfactory system of selecting employees could be secured by altering the method of inquiry at present used in employment departments and by introducing psychological tests and physical examinations. The preliminary inquiry should include a comprehensive investigation into the life history of the candidate, into his mode of living and habits, his education, and his medical history. Furthermore, a detailed account should be obtained of his economic activities, with special reference to the type and number of positions held, wages received, and periods of unemployment. Psychological tests should be applied to every candidate for employment with the object of determining the nature of his general intelligence and any special abilities that he may have. If the preliminary investigation of the candidate's history and the results of the psychological examination are satisfactory, the next step in the procedure of the employment office should be a physical examination into the condition of health of the subject.

A system such as outlined would doubtless involve in the beginning considerable expense to the company but would prove profitable in the end through the increase in production and decrease in the turn-over of labor.

Employers are beginning to realize that maximum prosperity for a company can best be obtained by securing maximum prosperity for the employee. The establishment of a special bureau in connection with manufacturing concerns, for the purpose of studying the individual worker, developing his capabilities, and adjusting him to his task, would be, perhaps, the most satisfactory means of meeting the majority of the employment problems of modern industry.

Such bureau would have for its chief function the increasing of the mental efficiency of the employees. Its duties would cover, in addition to the selection and adjustment of workers, matters relating to medical attendance, improvement of working conditions, sanitation and hygiene, prevention of accidents, regulation of wages, and betterment of living conditions. The psychopathic worker, the alcoholic case, the mentally diseased subject whose insanity is not yet evident but who is gradually deteriorating, the neuropathic individual, and the mental defective, all of whom are often found in factory work, would fall under the supervision of this bureau. In short, the bureau would deal directly with all employees needing its assistance.

Among the most important points that have been developed in this discussion are:

1. That feebleminded individuals, with the exception of the lowest type, are trainable.

2. That a feebleminded person can do efficient work if properly supervised and placed at an occupation for which he is fitted.

3. That there is a considerable percentage of feebleminded individuals independently engaged in economic activities and that, on account of their emotional instability and tendency to change positions frequently, they are a great expense to their employers and a hindrance to the highest possible output.

4. That intellectual inferiority is responsible for many accidents in factories.

5. That, by means of psychological tests and scientific methods of selection, undesirable workers can be eliminated from the mass of those seeking employment and better industrial adjustment can be provided for defective individuals.

6. That the establishment of special bureau, such as a Mental Hygiene Bureau, in industrial concerns would ameliorate the condition of workers and eventually raise the standards of industry.

THE PRACTICAL FUNCTION OF THE PSYCHIATRIC CLINIC*

JOHN T. MACCURDY, M.D.
Psychiatric Institute, Ward's Island, New York City.

THE chief object of this paper is the discussion of the relation of social service to psychiatry. When a patient has been committed to an institute, that institute is responsible for his welfare so long as he is within its walls. When released on parole there is no longer direct contact between the patient and his physician except on occasional visits, and the general oversight of the case must be left to a greater or less extent to the after-care agent. This aspect of social service work has been recognized and its value well appreciated for a number of years. There is, however, another branch of this work which is much less known, and is probably of vastly greater importance. I refer to the care of the mentally abnormal whose disease has not progressed to the point demanding commitment. This work is essentially prophylactic, and should, therefore, if only from an economic standpoint, demand the attention of the State Hospitals, because every patient kept out of an institution for a month represents just that much lightening of the hospital load. This prophylaxis, moreover, is of the greatest psychiatric and human interest, and it is in this field that social service work is of unique importance. Much could be said in general on this phase of the work, but I have thought it probably more useful to focus my remarks on actual observations; to give you an idea of just what may be accomplished, and of the rôle of the social service worker in these achievements. For this purpose I have made an analysis of one hundred consecutive cases seen by myself at the Cornell University Medical School, in the dispensary operated jointly by the Psychopathological Department of the University and by the Mental Hygiene Committee of the State Charities Aid Association.

Other cases in the dispensary may have been more brilliant in their results, but it seemed fairer to present only those that I myself have seen, as the same criteria for judging the success or failure can be applied to all of them.

* Read at a conference of the New York State Hospital Commission with the State Hospital Superintendents, held at Manhattan State Hospital, Dec. 12, 1916.

The therapeutic results in any dispensary are likely to be far behind those of private practice. This is particularly true in psychiatric work, and it must therefore be borne in mind that the incomplete success or actual failure of the dispensary is not an indication of what the trained psychiatrist can do in the treatment of neuroses and psychoses, but is much more a measure of the insurmountable difficulties to be met with in charitable work. In fact, when one considers the physical disabilities under which the clinic at Cornell labors, it is surprising that good results are ever obtained. And in order that you may keep this in mind when hearing the results of our work, it may be well to mention what these are.

The clinic is held in a class room about thirty feet by thirty-five or forty feet in size. In one corner is the desk of the social service worker, and the file of histories. In the middle of the room sit the patients who are waiting for examination. At the other side of the room from the social service worker is the examiner's table, separated from the rest of the room merely by a flimsy cotton screen. It will be immediately understood that under these circumstances no complete physical examination can be made when such is required, and that a discussion of the intimate affairs of the patient can never be carried on with any real privacy, since everyone in the room can hear all that is said, unless both patient and physician speak in a voice little above a whisper. Another difficulty lies in the fact that the clinic is undermanned, and the physician is frequently forced to give a patient only fifteen or twenty minutes of time when one or two hours would be little enough to devote to the problem in hand. It must be remembered, too, that, more than in any other branch of medical work, we are dealing with those who are burdened with bad heredity and environmental difficulties which are beyond remedy with the present organization of society. As you all know, a great deal of mental abnormality is engendered or fostered by unhappy human associations, and it is not easy to take the patient away from the influence of an unsympathetic family or employer, particularly when, as is usually the case, the patient is economically dependent on the maintenance of these relations. For these reasons it is therefore plain that what psychiatrists have learned in recent years of the psychological factors tending to develop abnormal mental states cannot be applied to best advantage in the clinic, and that one must be satisfied without a full psychological analysis

of the patient's difficulties or the environmental changes which his judgment tells him are imperative.

On the other hand, we have been extraordinarily fortunate in the aid we have received from the Mental Hygiene Committee of the State Charities Aid Association, and we have always been able to count on the social service work's being carried out as completely as is physically possible. For this we have to thank the intelligence and sympathy of Miss Tucker and her successor, Miss Taft, but most of all are we indebted to Miss Wells, who has taken by far the largest share of the work connected directly with the clinic.

Our situation having been explained, I can proceed to outline the practical aims of the clinic. Naturally, we hope in every case to produce a cure, but this is a result which is most rarely obtained. In this connection it must of course be remembered that I am speaking of "cure" in a psychiatric sense. In many of the cases which I shall report with the result "improved," the patient himself, his family or friends would say that a cure had been effected, whereas the psychiatrist who can recognize the persistence of potential difficulties is more conservative in his claims. Practically speaking, therefore, our aim comes to be an alleviation rather than a cure. The patient who has not been working is brought to be self-supporting. The one who has been in active conflict with his environment is taught to adapt himself. Society is protected from the abnormality of the patient who has been a menace to it. In all these matters it is evident that the results are of social rather than individual value. In this connection it is important to emphasize one of the chief activities of the clinic in its advisory capacity to charity organizations. Of the one hundred cases to be reported, no less than forty-eight were referred by charitable organizations, and in practically all of these cases the association in question needed advice as to whether aid should be given to the patient, and if so, how that aid should be applied. The growing recognition of the value of the clinic to these organizations has been gratifying. The reasons why charitable societies are forced to turn to the psychiatrist for advice may be plainly understood when one remembers that trouble of any kind produces mental disturbances. These troubles may be essentially external or internal in origin, and it is only the psychiatrist who is able to differentiate between the symptoms produced mainly by environmental stress, and those for which inherent abnormality is mainly responsible. These two groups, therefore, which may be superficially

alike, require quite different treatment at the hands of those who would give them help.

The methods of treatment adopted are chiefly these. When the patient has sufficient intelligence and insight to justify the attempt, a discussion of his difficulties from the psychological standpoint is essayed. It must be understood at the outset that one could not call this psychoanalysis as one speaks of that method in private practice. The analysis in the clinic is at best superficial. It is important, in understanding the practical function of the clinic, to note that in the one hundred cases, such analysis was attempted, even in the smallest way, with only ten or twelve of the patients. With a much larger number the psychotherapeutic measures could more properly be grouped under the heading "suggestion," using that term in its widest sense. The diagnosis, where possible, is explained to the patient, and he is encouraged to believe that he can take the situation in hand himself and that he should fight against the purely subjective symptoms. In patients whose difficulties have been for a long time fostered by a belief in some physical ailment, a candid discussion of the diagnosis is often of considerable value.

Not infrequently in an unstable individual, the factor which may make the difference between a tolerable and an intolerable existence is the presence or absence of some minor physical trouble. For this reason medical advice, particularly sound directions as to physical hygiene, is not infrequently of great value. Allied to this are measures which, though apparently physical, have a large indirect mental effect, such as the use of baths, exercises, and the timely use of sedatives or tonics. Most important of all are the environmental changes which are carried out through the agency of the social service workers. In these cases, some particular strain from which the patient suffers may be relieved and the mental balance resumed. A mother, whose household duties have become more arduous than her mental capacity will tolerate, may have her children taken care of for a few weeks. The wife whose domestic situation has become intolerable can be supported away from home for a short time. The adolescent who is chafing under the restraints of home can be given aid while establishing himself independently. In all such cases it must be borne in mind that we do not consider that the benefit derived is really physical, but that the strain of adaptation is temporarily too great for the patient, and that a brief relaxation of his efforts may make a better

adaptation possible when he has gained a little surplus of mental energy. It must be remembered that such relief is never given when it seems likely that the patient is permanently incapable of adaptation, in which case charity becomes pauperization. It is in such situations that the psychiatrist is capable of giving expert help.

We can now proceed to a discussion of the different groups. The largest of these is that of the *psychoneuroses*. It is natural, as these represent the mildest type of mental abnormality, that improvement in their condition is most frequently secured. The statistics of this group may be of interest. There were twenty-four such cases, out of a total of one hundred. Of these, the etiology was thought to lie preponderantly in the make-up of thirteen cases, and of these thirteen, the condition of two remained unchanged; six were not heard from after the initial visit; five were improved, with two of these latter possibly cured. Of those where the etiology seemed to be preponderantly environmental, (that is, where the patient was subject to an abnormal strain) there were four, and of these, three were improved, and the result of one is not known. Both make-up and environment seemed to combine in the production of symptoms in seven cases, of which six improved under treatment, with the result of one not known. It is evident from these figures that the poorest results were obtained where the trouble lay primarily within the individual, so that external help (largely through the social service work) could be expected to be of least value. On the other hand, among the twenty-four psychoneuroses, it was thought advisable to attempt some psychological discussion of the symptoms in eight cases, and all of these showed some improvement, whereas one could be said definitely to be cured.

The different sub-groups may next be considered. There were four cases of *sexual neurasthenia*. As this trouble is nearly always precipitated by faulty preparation for sex development, and most frequently the result of false information, it is natural that a careful explanation of the real facts and a discussion of the origin of the symptoms would produce considerable relief. And it is this group which produces the most striking results. The patient who appears at the clinic depressed, with a history of inefficiency and a conviction of his mental and physical failure, will reappear a week after his only interview, cheerful and energetic for the first time in months or even in years. Unfortunately the bril-

liancy of this result is only temporary in many cases, since these troubles have entered rather deeply into the make-up of the individual, and require a long course of psychological treatment for eradication. Nevertheless, none of them seem ever to sink to the same depths as those in which they once floundered.

There were five cases of pure *anxiety neurosis*, and two of anxiety to which was added a hypochondriacal tendency. Of these seven, five were improved, one of whom was possibly cured; the results of two are not known. Three of these cases may be briefly cited.

J. S. applied to the Charity Organization Society, claiming to be deserted by her husband and in need of financial aid. She exaggerated certain physical troubles and had an obsession that her boy was incorrigible. She was talkative, had no application in her work, and thought that people did not appreciate and were against her. Examination revealed only symptoms of a bad anxiety neurosis, which had dated from the death of her mother and was aggravated by the absence of her husband. She was advised to take her physical symptoms less seriously, and directions were given to the society as to how her environmental difficulties should be smoothed out. The result is that husband and wife are now living together and that she is supporting her child and is reasonably content.

E. B. is a woman who had three children by her husband before marriage, this husband being utterly shiftless. She suffered from a uterine retroversion which could not be operated on because of an organic heart condition. She was reported to be subject to frequent excitements with bad temper, and was suspected of being intellectually inferior. This is obviously a case of great difficulty, where any improvement might be regarded as an achievement. The examination showed that she had no intellectual defect, but that she was worrying and brooding a good deal about real troubles, that she slept poorly and had bad dreams. It was recommended that her child be taken care of temporarily, and that she be given a rest in the country. This was done, and the child was placed in a day nursery while the mother worked. Since then she has been getting on fairly well and is apparently self-supporting.

L. S. is a woman in whom the menopause occurred three years before she came to the clinic. She complained of being "nervous" since that event, but her worries were found to go back to a sex

experience sixteen years previously. She was given advice on her sex problem and hygienic measures were prescribed, including a short rest in the country. As a result, although she has not completely recovered, there has been a great improvement and she is working well.

There was one case of *phobias*, which did not return after the first visit.

There were six cases of *hysteria*. Of these, three improved, with the results in the other three not known. One case may be noted. She was a girl of fourteen when she first came to the dispensary and had been living with different foster parents for some years. These parents reported that she had attacks of sleep-walking and convulsions. Examination showed that she was suffering from the Froelich type of hypophysial obesity with constipation, irregularity of menstruation, and lethargy. In addition she was seclusive, suffered from many anxious dreams, and was obsessed by fears of tuberculosis. She was given extensive physical examinations in a hospital, diet and medicines were prescribed, and the environmental influences were carefully controlled. As a result there has been a considerable improvement in the physical symptoms, with a marked loss of weight, a recovery from her sleepy spells, the hysterical convulsions have not returned, her fears have disappeared and she is working rather satisfactorily, although still somewhat lethargic.

There were four cases of *compulsion neurosis*. Of these the condition of two remained unchanged, the result in one is not known, and only one improved. The history of this last patient may be briefly given.

The patient is an unmarried Swedish woman of thirty who obtained very high wages as a cook. Nine months before she sought treatment her father died. A month after his death the thought suddenly occurred to her, "I wish father were in Hell." This was repeated as a compulsive thought, with variations of torture inflicted on him; a compulsive cursing of God, the thought that she was cooking her father's flesh whenever she cut any meat, etc., etc. Tortured by these thoughts, she obtained practically no sleep for months, had frequent headaches, was able to eat very little, and naturally suffered considerable loss of weight. Her case was different from that of most compulsive neurotics, however, in that she never developed the idea that work was bad for her, and she stuck to her duties with admirable tenacity. This made the prog-

nosis more favorable than in the ordinary dispensary case of compulsion neurosis. The treatment, which was carried on for a number of weeks, consisted of encouragement, the suggestion that the symptoms were temporary, and a superficial analysis of her difficulties. In two months there was a marked improvement, so that she slept and ate well, and became fairly free from her painful thoughts. She has not been heard from for over a year, which is probably an indication of continued improvement.

It may be remarked incidentally that with a neurotic patient a failure to return for further advice is very often indicative of relief from the symptoms, and that it is therefore safe to presume that our results are somewhat better in this group than the statistics would indicate.

There was one case of pure *hypochondria* with a dispensary habit, in which there was only a slight and doubtful improvement.

There was one case of *tic* which is interesting enough to be described. He was a bright shy child of eight, who had few amusements. At school he was bullied by the big boys, and probably was struck by his father at home. He developed a tic of pulling his mouth to the left, shaking his head and then turning it to the left. These symptoms developed after making these movements when shrinking away from the big boys who struck him, and they lasted several months without any improvement. It was explained to the patient that these movements were an indication of fear, and measures were taken to protect him from aggression both at school and at home. It was recognized that he probably would not have developed a neurosis if his life had not been so cramped, if he had enjoyed a few of the amusements normal for his age. He was asked what his chief ambition was, and finding that he wished for a pair of roller skates more than anything else in the world, the money was given to his parents to buy a pair. It is typical of the obstacles encountered in dispensary practice, that the chief difficulty in this case was to persuade the parents to use the money for this purpose, as they persisted a long time in the conviction that the child needed medicine and that his trouble would only become worse if he were allowed to play on the street. After some pressure was brought to bear on them, however, this treatment was instituted and a complete recovery resulted in a few weeks, when the boy returned and was able to boast of being able to beat "some of the big guys" in racing on the roller skates. The mechanism of recovery in this case is instructive. The antagonism

to the big boys obtained a natural outlet instead of appearing as a symptom.

The next largest group was that of *dementia praecox*, of which there were twenty-one. Of these, commitment of four was advised at the time of the first examination. One was committed six months later. The subsequent history of nine is not known at present, but of these, a certain number will be brought back when the symptoms become worse, so that we may presume that they are fairly well. Four have shown improvement. The condition of four has remained unchanged, and in one case there is an apparent recovery. In this group of dementia praecox the situation which is attacked is almost always a social one. The facilities at the clinic are such that it is idle to hope for radical improvement in any but exceptional cases. The aim is, therefore, to get the patient to work, keep him at it as long as possible, and see that his psychosis does not seriously affect those in his environment. The last is a most important consideration, and we find time and again that the delusions of these patients result in grave maladjustments at home which tend to produce nervous and mental trouble in the other members of the family. The clinic does good service to the community in many cases by advising commitment at an earlier stage than would otherwise take place, thus confining the trouble to one individual. Two cases in this group may be cited.

L. J. was thirty-three when first brought to the clinic by her employer, who reported that she was irresponsible, unsatisfactory in her work, that she appeared silly and had no will power, and that her behavior was occasionally erotic, while she gave accounts of erotic experiences which were probably pure fantasy. In a brief examination no trends were elicited, but a diagnosis seemed justified on the basis of her apathetic attitude and inappropriate affect. Those who were responsible for her were warned to watch for the outbreak of more marked symptoms, and employment was secured for her with an indulgent family to whom the situation was fully explained. She worked well for two months, then had a period of erotic behavior which improved when she was scolded or discharged, after which she returned to work again, satisfactorily enough, for another period. It is likely that grave social complications would have arisen with this patient had she not been placed under this supervision. Her disease had not developed to the committable stage, and even if she had been committed the

community would have lost that measure of productive activity of which she was capable. This case is quite typical of the methods and results of the clinic in handling these cases of dementia praecox.

The other case is cited, not because it is typical, but because it gives evidence of what may be accomplished by intensive efforts.

F. K. was eighteen years of age when she was brought to the dispensary. For two years there had been a progressive definite loss of interest, and an increasing seclusiveness, culminating in her abandonment of her high school work, remaining practically mute at home and eating little. The examination showed no depression, no obvious apathy, but a tendency to silly smiling. There was no scattering of thought, but there were grave inconsistencies in her account of symptoms, and she constantly gave the impression of withholding delusional thoughts. This case is possibly not one of dementia praecox, but the history and the symptoms, so far as they went, were more closely allied to this group than to any other, and it is my opinion that if treatment had not been instituted, pathognomonic symptoms would shortly have developed. It was recommended that she be removed from her home environment and forced to some steady occupation that would keep up her interest, and that her seclusive tendencies should be steadily combatted. Miss Taft undertook to follow out these directions, and spent in what seemed for a time to be a fruitless endeavor a great amount of valuable energy. She took the patient to work in her own office, and for some weeks she was a very difficult and trying helper, resisting all suggestions and replying to everything with "What does it matter?" or "What difference does anything make to me?" Miss Taft's patience was finally worn to the breaking point, which the girl saw, and this was apparently the first thing to make any impression on her. After quite an emotional upset, she expressed gratitude for what had been done, and contrition for the trouble which she had made. From that point onward, her improvement was marked. She is working quite satisfactorily, and has become a great favorite with all her associates. Superficially, at least, she is perfectly well.

There were seven cases belonging to the rough group of *manic depressive insanity*, varying from serious acute psychoses to a more or less chronic, incapacitating depression. It is not unnatural that all the cases were depressive, either pure depression or complicated by an anxiety state. In one, commitment was advised and

carried out with excellent result. In two, there was no change. In two the results are not known, and in two there was improvement which could be traced directly to the treatment. It is rather interesting that in only two of these cases did environmental factors seem to be of sufficient importance to justify the co-operation of the social service department. In other words, in this group the make-up of the patient appears to be the more important factor, so that psychotherapeutic measures are indicated. With conditions such as they are, these measures cannot be expected to be very effective, which accounts for the fact that only two instances of improvement can be claimed from these seven cases.

An interesting group is that of the fourteen cases which are classed under the rough heading of *psychopathic constitution*. Of these, four were plainly cases of moral defect, two were alcoholic, three were psychopathic children. Of the others, one was a case of homosexuality; another of abnormal egotism combined with unusually strong sex impulses. Another cannot be better diagnosed than by saying that he was too proud to work and that he suffered from the conviction that the world owed him a living. One case was of psychotic instability where mild external difficulties would lead to definite psychotic episodes of a typical nature. Another had a cyclic make-up, with abnormal enthusiams, sympathies and antipathies. Improvement can be claimed in only three of the fourteen cases, but that does not indicate that the clinic was of no use in the other eleven. The majority of these cases were applicants for relief, where the charity organizations were in a quandary as to whether relief should be given or not. The opinion of the physician as to the chronicity of the patient's difficulty is naturally of value to the charity workers. Two of these cases are of sufficient interest to justify special mention.

H. M. had been for a short time a patient at the Central Islip State Hospital where a diagnosis of constitutional psychopathic state had been made. Following parole she had worked fairly satisfactorily for two years, but for two weeks preceding her introduction to the clinic she had been confused, showed queer conduct, and had been in bed most of the time. It was found on examination that her upset was apparently due to discussions and worry about the war. It was thought that she would be benefitted by a brief relaxation from the strain of adapting herself to the environment, so she was sent to the country for a couple of weeks, where she made a very fair recovery, and returned to work, at which she

continued for ten months. The next upset was due to sensitiveness to gossip, and to the inquisitiveness of her fellow employees, concerning which she developed a rather paranoid attitude. An investigation at the place of her employment showed that there was some basis for her complaints. Improvement again followed a brief rest in the country. In this case it is highly probable that if she had not had the clinic to turn to, her condition would have become worse and commitment would have resulted, with a long absence from work and the inevitable discouragement incidental to it.

K. H. came to the clinic at the age of twenty-three, complaining of vague nervousness. He was found to have a cyclic make-up, to be irresolute, with much violent feeling on social problems (his views bordered on anarchy) and extreme reactions to family situations. He never worked in any factory without fomenting a strike, and had been prevented from shooting his father during the course of a domestic quarrel only by the interposition of a friend. He was intellectually much above the average of his social level, with excellent command of English and strong literary tendencies, but had never been able to accomplish anything because of his emotional instability. On account of the patient's intelligence a considerable amount of time was spent on his case, and he reacted in an almost startling way to any analytic interpretation of his attitude. For instance, after it was explained to him how his antagonism to employers and to his father had arisen, he worked eighteen hours a day for six weeks for his uncle, and developed the business of the latter to an extraordinary degree. Similarly, when he told of a rather foolish love affair which was causing him a great deal of worry, an analytic interpretation led to his putting all thoughts of the girl completely from his mind. He still lacks objective in his activities, but in spite of this has gained considerably on the whole. If he had not come to the clinic, his energy would have gone entirely in the direction of fomenting social unrest, and the probable commission of actual crime.

There were six cases brought for examination as to *intellectual defect*. Three were sent to institutions, one was recommended to the ungraded class of a public school, and in three cases directions were given for physical and mental hygiene at home. The results in none of these cases are known, which is not unnatural, as all were brought merely for diagnosis.

An examination for intellectual defect in these days when set "psychological" tests are used to brand all kinds of failures with the diagnosis "feebleminded," is of particular value when made by one who is familiar with mental abnormality as well as subnormality.

One case may be cited to illustrate this. A child of seven years had been given the Binet-Simon test by her school teacher, and pronounced to be feebleminded, and was therefore to be placed in an institution for defectives. Examination at the clinic showed that the child had defective hearing and eyesight, was shy and sensitive, but there was no evidence of definite intellectual defect. Her home environment was altered, and she was not interned in an institution.

A most important group of nine cases is that which can best be spoken of under the rough heading "*social suggestions.*" These are cases where parents, school teachers, or social workers bring to the clinic problems in which it is thought that psychiatric opinion may be of value. There are in this group three cases where charity organizations were suspicious of there being some mental abnormality, although the need brought to their attention seemed to be genuine enough. One of these was a woman, probably paranoid, who was a chronic appealer for aid. The society was advised to give her no further assistance without definite evidence being offered by the patient of willingness to work. Another was a young man who was using his neurotic symptoms to excite sympathy. In another, the destitution of the family was found to be traceable to the paranoid condition in the father, and the society was so advised. There were two cases in which children were developing bad habits. The psychological factors in these cases were exposed, superficially at least, and the parents given advice as to education and discipline. In one there was improvement; in the other the result is not known.

Another very interesting situation was that presented by a woman of forty years, and her son. Following her experiences in confinement, the woman developed fears of anaesthetics. Eighteen months before coming to the clinic she had suffered a miscarriage, and at this time she was much disturbed by fears of operation. From then on she has had the idea that her second child was suffering from various ailments, that he would be taken from home against her will, be operated on and die, and that her husband would be killed. She thought that her dead parents wanted her to join

them because she was always dreaming of them. She was antagonistic to the Charity Organization Society and suspicious of her neighbors. When examined, her affect was not fully appropriate. This case, possibly one of dementia praecox, was obviously that of a woman whom it would be very difficult to handle. The complication arose from her fears about the child. He was a boy of eight years who for eighteen months had been dragged around from one dispensary to another by his mother, who always insisted that he was suffering from various ailments. The boy himself complained of his symptoms only when they were directly suggested to him at the time of the examination, and the mother did not allow any examination to be conducted except in her presence. The boy was normal, apparently, in school, and when he had occasionally been away from his family in the country he was also quite well, but naturally he was absent from school much of the time, and was prevented by his solicitous mother from enjoying all the normal activities of boyhood. It was strongly advised that the boy and his mother be separated, but in this the mother steadily refused to acquiesce, and there was unfortunately no legal pretext for their separation. The boy's outlook is naturally very bad. This case is cited, not only for its intrinsic interest, but also because it is an exaggerated example of the type of influence which is often at work in homes where a solicitous parent is fostering a hypochondriacal attitude in a favorite child.

Another case of this group may be cited, showing the striking value of expert diagnosis. The patient is twenty-seven years of age, and has been a widow for seven years. A year and a half before her case was brought to the attention of the clinic, she was deceived by a man who made promises of marriage and robbed her of her savings. After fifteen months of this unhappy union he deserted her with a ten months' baby on her hands. In absolute destitution, she attempted suicide. After her arrest the case came into the hands of a charity society that wished to have her committed as an irresponsible or insane person. Others in the organization, not so convinced of her abnormality, had her brought to the clinic where a thorough examination revealed nothing to suggest either an abnormal make-up or a depression going beyond the limits of the natural reaction to her unhappy fate. The charity society was therefore advised to take care of the child and give the mother every necessary assistance. The results of this treatment are now apparent, and the mother is

financially independent, supporting the child, and as happy as anyone in her condition could be.

Finally, there were some nineteen cases which we are forced to put into an *unclassified* group. Among these were five neurological cases referred to the neurological department in the Cornell dispensary and to different hospitals. There were three cases of paresis, which were sent to Bellevue Hospital. There were two cases of epileptic deterioration in which environmental treatment was advised. There were several medical cases with neurotic exaggerations of symptoms where suggestion and environmental treatment were given. There was one case of involutional depression, previously in Manhattan State Hospital, which was returned there; another of the same type, not before treated, was sent to Bellevue Hospital. There was one adolescent, without symptoms, who came for advice in sex matters; and finally, there was one case of a girl with delayed menstruation, abnormal tension and hysteroid "convulsions," whose condition was much improved by general hygienic measures.

As the one hundred cases have now been outlined, we can briefly summarize the work. It is seen that in the group of psychoneuroses there is improvement in, roughly, one half of the patients, which is probably to be considered as a favorable result when one takes into account the disabilities under which the work is done. In the remainder, or three fourths of the cases, the main function of the clinic is seen to be diagnostic and advisory. The value of this work can be judged by the fact that of the one hundred cases there were improvements in forty-four of the situations, either individually or socially, concerning which advice was sought, and that in every case the improvement could be traced to the work of the clinic. If we take the proportion of those where results are known, 64 per cent of the cases showed improvement.

In only ten of these cases of improvement were the results obtained without the co-operation of the social service department. We can therefore say that without this branch of the work the clinic would have been effective in only ten per cent of the cases seen. This indicates that the clinic is dependent for its success on the social service worker. On the other hand, the purely psychiatric side is of importance, for in each case the patient came spontaneously or was brought because common sense had failed to relieve the situation. This shows that expert diagnosis and advice are of equal importance with the means to carry the

advice into effect. Neither the psychiatrist nor the social service worker can be independent of the other if the work for this class of patients is to be successful.

It may not be out of place at this point to remark on the status of the psychiatrist in the community. Until now he has been an individual secluded in an institution, whose knowledge and skill have been available only to those whose mental fortunes have already suffered shipwreck. The time is quickly coming, however, when he must take his place on the same footing with the surgeon or the internist, as the expert in those problems with which medicine and surgery are unable to cope. The experience of this clinic alone is enough to demonstrate that neither common sense nor kindliness is effective in solving these problems, any more than the best of unskilled nursing can aid the sufferer from typhoid fever or pneumonia. It is gratifying, therefore, to learn that the psychiatrist is being recognized, even if it be only by charity organizations. The time will probably soon come when he can hope to earn his living in private practice without hiding behind the title of neurologist or internist. His best work must be done with those who are not insane, but it is the responsibility of all of us to educate the public to realize that no mental abnormality of any grade constitutes a stigma.

The disabilities under which the clinic labors have been mentioned. It is not out of place to suggest what might be done in order to improve the value of this work. In the first place, and obviously, the clinic should be better organized, with more physicians and in better physical surroundings. Above all, there should be more such clinics. They should exist in every city and town. In the treatment of patients certain needs are constantly coming to mind. One of these is for an observation home for children of abnormal tendencies. It is a psychological peculiarity of children that very few of those who have not reached the adolescent stage are capable of consciously formulating their difficulties. For this reason one has to rely on actual observation of the child at play and at work. An observation home for children, therefore, would give trained observers an opportunity for studying these patients in a fairly normal environment, and would make it easy to determine how much of their difficulties was dependent on faulty environment. The ungraded classes furnish desirable treatment for the feebleminded, but they are not adapted to the treatment of the abnormal. For this reason there

is at present absolutely no place to turn when one wishes to study and treat the abnormal child.

Another need is felt whenever one has to do with the constantly recurring cases of dependents who are dependent because of constitutional defect or of mild psychoses which make it impossible for them to adapt themselves to the rigorous demands of our intricate modern life, but who can be economically productive if they are in an environment which requires of them less responsibility in adaptation. For these individuals an industrial colony is a crying need, where could be sent alcoholics, mild paranoiacs, and that vast army of indigents who are incapable of finding and keeping employment without supervision, but who are nevertheless capable of much and good work where their tasks can be given them piece by piece, and where they are not called upon to plan their own lives.

The last need that I have to mention is that of greater authority over the homes of those who are mentally abnormal. If a child has committed a crime the state is allowed to remove that child from its environment and place it under such influences as it thinks best. If the child, thanks to the same environment, however, has not been lucky enough to commit some crime, the state can do nothing for it until such time as mental disease may develop in its most aggravated form, and the family petitions for the patient's commitment. Similarly, if a man is brutal in his treatment of his wife the state may interfere, but if he has delusions of unfaithfulness or merely a constantly suspicious attitude, he may make her life, and that of all their children, a continual torture, and yet the state can not intervene. There is, naturally, a limit which must be set in any society to the interference on the part of the state with the independence of the home. But if a psychiatric department were part of the machinery of the court of domestic relations and the juvenile court, if psychiatrists were given an authority commensurate with that enjoyed by the Board of Health in the control of infectious diseases, there are many families that would be made happier, and fewer children would be bred to fill our insane hospitals.

It would not be right to close this paper without mentioning the value of the psychiatric clinic to the physician himself. Most psychiatrists are working in institutions. Many of them are, sad to say, "institutionalized." There is no experience which can prevent this dreadful deterioration more effectively than an active

dispensary service. It is not merely that one's clinical experience is broadened; that goes without saying. A more important influence is that of the therapeutic responsibility which is forced upon the physician with each examination he makes. In the insane hospital it is an easy thing to examine a patient, make a diagnosis, and in summarizing the case say that the treatment should be "institutional." In many cases this is, of course, quite justifiable. For of the vast number which are placed under the care of one physician, it is impossible that treatment should be individualized in every case. In the dispensary, however, the responsibility is immediately upon the physician. He must come to a speedy decision, and much may depend upon his advice. Tragedies are often to be averted, and his will be the responsibility, very largely, if the advice be at fault. It is this constant demand for quick and accurate thinking that makes the dispensary experience invaluable to a physician, the bulk of whose work lies in an institution.

THE FAMILY OF THE NEUROSYPHILITIC*

HARRY C. SOLOMON, M.D.
Investigator of Brain Syphilis, Massachusetts Commission on Mental Diseases

MAIDA H. SOLOMON, A.B., B.S.
Social Worker, Boston Psychopathic Hospital

IT may seem trite to call attention to the problem offered by the family of the syphilitic, as it is recognized by all that syphilis is a contagious disease and that in consequence it is frequently transmitted by the infected person to the spouse and to the children. In spite of this knowledge, however, the problem is largely neglected.

The complete story of syphilis and its ravages cannot be told in a limited space. Suffice it to say that the symptoms of syphilis may occur at any time after the infection even though an individual live a half century, and that syphilis imitates in its symptoms almost every disease. Some of the most frequent and most serious of the syphilitic conditions are cardio-vascular disease, *i. e., early* arteriosclerosis, apoplexy aneurysm, angina pectoris, etc., and diseases of the nervous system, such as general paresis, locomotor ataxia, cerebrospinal syphilis. The latter conditions, due to syphilitic involvement of the central nervous system, are what we include under the term neurosyphilis. General paresis and locomotor ataxia (tabes dorsalis) are always and without exception syphilitic manifestations. Just as without the tubercle bacillus there can be no tuberculosis, so without the spirocheta pallida (the germ of syphilis) there can be no paresis or tabes.

We cannot here consider the mental, physical and moral devastations, the economic and social wastage, the anguish and suffering caused by syphilis in those who have acquired it in adolescent or adult life after nature's defenses have been broken down. Nor can we do more than merely enumerate a few of the terrible consequences passed on to the progeny of the infected. Sterility, abortions, miscarriages, stillbirths and early deaths are among the less terrible consequences of parental syphilis—these potential lives escape the suffering and handicaps of many who are born with congenital syphilis. Feeblemindedness, deafness,

*Read at the National Conference of Social Work, Pittsburgh, 1917.

blindness, paralyses, deficient development, marasmus, meningitis, and skin diseases are among the early manifestations of congenital infection. Many congenital syphilitics are afflicted only with lessened vitality, anemia, delayed development, irritability, nervousness, neurotic manifestations and the like. Others are apparently healthy, well-endowed children, but during the pubescent and adolescent periods the presence of the disease first makes its appearance, frequently as interstitial keratitis, leading to partial or total blindness, or deafness; or there may appear the symptoms of syphilis of the central nervous system, known as juvenile paresis, juvenile tabes, etc., running through the whole gamut of the conditions produced by acquired syphilis. Many more conditions resulting from congenital syphilis might be added as well as the suspicion that many cases of neurasthenia, hysteria and dementia praecox may be of like cause; but enough has been said to indicate the ravages of the disease.

How is it possible that such conditions are allowed to continue almost without challenge? The reasons are several. The greatest of them is ignorance upon the subject, not only of the uneducated public, not only of the semi-informed social worker but also a considerable degree of ignorance on the part of many physicians. This is not an arraignment of physicians; it is only a frank acknowledgment that our information is but slowly accumulating and is still almost entirely in the hands of the specialist. To anyone suffering from syphilis, let us boldly offer the advice that none should be discouraged if his physician disagrees with what is here stated—consult a specialist in syphilis and he will bear out these observations. We can hardly pause to recall the difficulty of lay education on this previously prohibited topic and the physician's hesitancy of betraying in any way the confidence of his syphilitic patient, even to protect another.

But there are other factors to be considered which depend on the very nature of syphilis. After the early symptoms, for a long period of time there may be no evidence to the patient that the disease is active and hence he thinks he is safe. Even though warned by a physician he may disbelieve and marry, or the physician may believe him cured and give consent to marriage, or he may ask no advice, or the future spouse may know and not object to marriage on this trivial score, or the victim of the disease may be ignorant of the fact that he has or had acquired syphilis.

At any rate, as we well know, marriage is entered into by many syphilitics and then arises the problem of the family of the syphilitic. This problem as previously stated is well recognized by all engaged in the study of syphilis. The family of the syphilitic, including spouse and children, have been exposed to syphilis, the spouse exposed to the so-called acquired form, the children to the congenital form. Not all exposed to syphilis acquire the disease —far from it, for at least 75 per cent of all prostitutes have syphilis, and if it were universally infective it would be almost universally widespread. There are certain laws that give us some insight into the infectivity of syphilis, for instance, it becomes less contagious as time goes on; open lesions are usually necessary for its transmission. In the congenital form the ravages grow less as the time from the original parental infection increases. These laws can be found in text-books on syphilis, both medical and for the layman.* But these laws are based on statistics and, while they apply to a group of cases, any particular case under consideration may prove an exception. In other words, there are many exceptions and much that we do not understand, so that every case presents a special problem.

Syphilis in both its acquired and congenital forms is not always easy to recognize. A characteristic of syphilis is that there are long periods of quiescence or latency lasting months and years, during which there are no symptoms that bother the patient or appear on superficial examination. Then five, ten, fifteen, twenty or even forty years of latency is broken by an exacerbation or a cropping out of symptoms—symptoms perhaps easily recognized as syphilitic but recognized often too late for treatment. In other words, latency may only mean the absence of manifest symptoms, while the disease is actively at work in destroying the organism. This period of latency is to be found in nearly every case in which the most serious results occur. Many individuals are not aware that they have acquired syphilis until these late manifestations appear. We have often had patients relate how lucky they had been in avoiding syphilis all their lives, when as a matter of fact they were victims of the disease.

It is during these years of apparent latency that much can be done by treatment to prevent the late symptoms of syphilis and it is for this reason that we desire to discover cases that are exist-

*See William Pusey: Syphilis as a Modern Problem. Chicago: American Medical Association, 1915.

ent but unrecognized. On the whole, the earlier treatment is instituted for syphilis, the better the results. But it is not entirely easy to make a diagnosis of syphilis. In the last few years we have been greatly helped by the Wassermann test, but this is not a sufficient and final criterion. There is still much difficulty and much to be learned. But we do know that the most likely field for the discovery of syphilis is the family of the syphilitic patient. Therefore, the modern, well-equipped and well-managed syphilis clinic makes the study of the families of the patients of the clinic an integral part of its service.

The examination, and treatment when indicated, of the family of the syphilitic becomes one of the greatest services such clinic offers the patient, his family, the community and the nation. As has been said, such plan is being followed today in the majority of syphilis clinics, but unfortunately only a very insignificant percentage of cases of syphilis ever reach the syphilis clinic. Many cases found in other parts of a hospital are not sent to the syphilis room nor thoroughly considered. Many cases are not recognized; many are treated by private physicians; many are in orphanages or with child-helping agencies. The beginning has, however, been made; the problem has been outlined; and many have become initiated into the circle of workers and so the work will increase.

But the problem we have set ourselves is to speak of the family of the neurosyphilitic. After what has gone before, it can be quickly and briefly stated. The problem of the neurosyphilitic's family is the problem of the syphilitic's family. Then why say more? Is it merely an excuse for emphasizing the need of family treatment? That is only partly the reason. It is because it is rarely realized that the family of the neurosyphilitic is the family of the syphilitic. And so, purposely, we reiterate—the family (the spouse and children) of the general paretic is the family of a syphilitic, and the family of the tabetic is the family of a syphilitic. And thus these families become the heirs of all the scourges of the syphilitics, as briefly indicated previously.

To understand why it is necessary even to consider what ought to be a commonplace fact, axiomatic, accepted and acted upon, we must briefly consider the development of our knowledge concerning general paresis, tabes and other forms of syphilis of the nervous system. It must be remembered that the symptoms of the syndromes making the classification of general paresis and tabes occur years after the infection and follow a long period of quies-

cence or latency, in which the patient is free from gross symptoms. It was not until very recently that these conditions were recognized as syphilitic. At first, a few students of the subject called attention to the frequency with which paretics and tabetics gave a history of syphilis. The suggestion of Moebius, little more than a generation ago, that paresis and tabes were syphilitic conditions in 100 per cent of the cases, met with very great scepticism. But as our information increased and as new tests were discovered, this hypothesis became more and more plausible. It seemed, however, too simple an explanation, too good to be true, as it were, and a loophole had to be found. This was furnished by Fournier, the great French syphilographer, who taught that paresis and tabes were the result of syphilis but were not manifestations of active syphilis, occuring only where syphilis had previously been. He coined the term parasyphilis to cover this conception, and this term is still with us, though we have learned that its original conception was based on a false premise. This idea concerning paresis and tabes as parasyphilitic did much harm in diverting attention from the problems of syphilis, and its damaging influence is still only partially dispelled. It was not until 1913 that the final link in the chain of evidence that parasyphilis is active syphilis was forged by the discovery of spirochetes in the brain and cord of the paretic and tabetic by Noguchi and Moore.

Harmful as was the teaching of Fournier, it had the effect of stimulating men to disprove it, and led to the examination of the families of paretic and tabetic patients for further evidences of syphilis. With the discovery of a serum test for syphilis in 1906 by Wassermann, Neisser, and Bruck, a new aid and a new impetus was given, and since then studies have been made by men in all countries, among whom may be mentioned Nonne, Régis, Haskell, and Hyde. The findings differ only in percentages, varying with standards and methods; all agree that the devastation is great, the menace, serious. Yet, despite the evidence on all sides, we occasionally hear from those who have not themselves thoroughly studied the matter, statements that the children of paretics and tabetics who do not die early grow up into exceptionally fine specimens of humanity. It is because of such statements that we have felt justified in doing more than emphasizing what seems to us so obvious; namely, that spouses and children must be carefully studied for manifestations of syphilis. We therefore give herewith an analysis of our work in the families of syphilitic

patients suffering from nervous system involvement, and compare them with those where the central nervous system is not involved.

It is a routine at the Boston Psychopathic Hospital to examine whenever possible the families of all our syphilitic patients. To do this it is necessary to get the spouse and children of the patient to report to our Out-Patient Department. To obtain this end the aid of the Social Service Department is invaluable, and without such aid it would be almost impossible to do the work adequately or efficiently. With such aid the majority of the individuals desired readily co-operate for examination and treatment.

We have thus far examined the families of 247 syphilitics, of which 160 families were of syphilitics suffering from general paresis, 72 of syphilitics without definite central nervous system involvement and 15 with the diagnosis of tabes and cerebrospinal syphilis.

In the 160 families in which one parent was a paretic, 226 individuals were examined. If we consider the Wassermann reaction alone, we find that it was positive in 23 per cent of the group or in 52 individuals. Of these 52 positive Wassermann cases, 33 were spouses and 19 were children suffering from congenital syphilis. It should be mentioned here that the Wassermann reaction is only a part of the examination. Many patients with syphilis give a negative Wassermann reaction. However, it is given preference here as having less error on account of the individual equation in examination and because it is better standardized.

From the 72 families in which one parent had syphilis but no evidence of central nervous system involvement, 91 members were examined. In this group 35 per cent gave a positive reaction, more than one in every three. Of these positive reactions, 13 were found in the mate of the patient and 18 were congenitally syphilitic children.

The group of tabetic and cerebrospinal syphilis families is too small to merit consideration here, further than to say that the figures of syphilitic involvement ran slightly higher than in the other larger groups.

These Wassermann findings rate much higher than in the population at large, where the percentage of positive reactions is given by various investigators as varying from 5 to 15 per cent. In the Psychopathic Hospital the average varies each year between 12

and 14 per cent. In the groups under consideration it ranges from 23 to 35 per cent.

One wishes to know, however, in what proportion of the families this positive finding occurs. It might be that a large number of syphilitics occurred in a few families, thus producing the relatively high percentage. But that is not the case. In the whole group of 247 families, a positive Wassermann reaction was found in 68 families or 27 per cent. In the 160 families of paretics it occurred in 45 families or 28 per cent, while in the 72 families of non-nervous system syphilis it occurred in 19 families or 26 per cent.

It should be borne in mind that the Wassermann findings do not represent the total of syphilitic involvement. In many syphilitics a negative blood Wassermann is obtained. Much of the syphilitic damage is represented by abortions, miscarriages, stillbirths and early deaths. No greater cause of race suicide can be imagined than syphilis. For example, of the group of 247 families, 84 families or 34 per cent were sterile, had no children. Of the 160 families of paretics, 53, or 33 per cent, had no children. In the population at large, the least productive group as to children is supposed to be the college trained. But we find among the Harvard and Yale graduates only from 19 to 23 per cent of infertile marriages in contrast to the 33 per cent among paretics. It was found further, that 20 per cent of the families had abortions, miscarriages and stillbirths, while dead children occurred also in 20 per cent.

As a result we find the average of living children per family to be 1.3, a figure very much lower than necessary to keep the population stable. The figures are about the same for families in which the original patient had or had not nervous system involvement. The birth rate for the 247 families averages 1.7 children. From the United States census report it is found that the average birth rate in our vicinity is 4.4 children per family. But this difference between 1.7 and 4.4 does not tell the whole story. Were it not for syphilis the 4.4 figure would be higher, for that average includes the syphilitics. But of the 1.3 living children per family, many are afflicted with syphilis and will have a shortened life and a lessened efficiency.

To sum up, incompletely, what syphilis has meant to these 247 families, it will suffice to state that only 69, or 28 per cent, showed no defect as to children, 30 per cent in the paretic and 27 per cent

in the other group. Only 61 families, or 25 per cent, showed neither defect as to children nor Wassermann reaction. These figures, it seems to us, show unequivocally that the incidence of syphilis is tremendously high in the families of the syphilitic and that it is as high in the families of the paretics and tabetics as in those whose syphilis has not invaded the nervous system.

A few illustrations may be given as concrete instances.

Family 1. A woman came to our attention suffering from general paresis. On examination of the other members of the family it was found that the husband showed the early signs of syphilis of the nervous system. The oldest son was brought to us with juvenile paresis well marked and died four months after first being seen by us. The second son died a month later of ruptured aneurysm, at the age of 20, certainly due to syphilis. The third son had the stature of an achondroplasia. The fourth was a misshapen cripple with caries of the spine, while the fifth son, although in good health, showed stigmata of congenital syphilis. There were three stillbirths.

Family 2. A boy of 14, an only child, was brought to the hospital because he was backward mentally. He was found to have juvenile paresis. The father on examination proved to be in the early stages of locomotor ataxia. The mother was quite deaf, due to syphilitic involvement of the eighth nerve.

Family 3. A man with general paresis had a wife and two apparently healthy children, all three having positive Wassermann reactions.

Family 4. The husband had paresis; the wife showed no evidence of the disease. The older child, aged 6, was feebleminded and had a positive Wassermann reaction; a younger sister, aged 4, was apparently bright and healthy but also had a positive Wassermann reaction.

Family 5. A woman came to us with her two daughters, aged 11 and 9, asking to be examined. Her husband had recently died of general paresis. She had heard that this was a syphilitic disease. From Brieux's *Damaged Goods*, she had learned of congenital syphilis and hence her request for examination. She proved to have a positive Wassermann reaction. The older girl was anemic, underdeveloped, nervous, irritable, and bore the unmistakable signs of congenital syphilis. She had a positive Wassermann reaction. The younger child was apparently well endowed mentally and physically but also had a positive Wassermann reaction.

But why should we make these examinations that show such unpleasant findings? It is in order to help these sufferers from syphilis, who for the most part are innocent and unsuspecting victims. The characteristic of syphilis, mentioned above, to remain dormant or apparently inactive for a long period gives us the opportunity, if we grasp it, to apply therapy before the ravages have, in some instances, gone very far. Hence our desire to make the diagnoses early. Then therapy is of avail. In Family 1, it was obviously impossible to do aught for the first or second son, but probably much could be done for the fifth to keep him from going the path of his older brothers.

In Family 3, we have a striking example of the value of such examinations. Here is a mother and two children who, while apparently healthy, are suffering from syphilis. Treatment applied now may well prevent any future symptoms. The aim of medicine today is first, to prevent disease, and where that is not done, to discover it as early as possible, that treatment may have its greatest chance for success. By diagnosis, made possible by family examination, something can be done to prevent the spread of the disease; much can be done to prevent symptoms, and hope can be offered for healthy children by treatment applied to the parents before the birth of children, and often to the children themselves when no great damage has yet been done by the disease.

It is not our province to point out the methods of diagnosis or treatment. This, in every instance, is highly specialized work for the physician, but it may be well to insist that results of therapy in syphilis, and especially in late and congenital syphilis, can be obtained only after years of treatment, and that the patients must be under medical care probably for life.

To handle the problem properly, education is essential, education of the physician, the social worker and the layman. The value of education of the layman is shown by the illustration (Family 5) in which the mother, through her reading of *Damaged Goods*, sought aid, when such aid had been withheld by physicians who had not done their duty in diagnosing the children as syphilitic.

As an argument against family examinations in syphilitics, it is sometimes said that there is grave danger of breaking up the family if it is learned that one member has syphilis. This is a very weak argument against examination, we should say, if by

such examination steps can be taken to eradicate syphilis from the family. But the argument is *entirely* fallacious. In three years' experience with the families of syphilitics and in dealing with more than 250 families, we have not broken up a single family nor, we believe, brought undue unhappiness into any. We shall be able to begin to attack the problem of syphilis only when the knowledge of syphilis and its manifestations and ravages is widespread. To those who fear to tell a man or woman that general paresis and locomotor ataxia are syphilitic diseases, we would give warning that before long this will be as common knowledge as that consumption means tuberculosis. And to those who have withheld this knowledge and allowed syphilis unhindered to reap its harvest, not thanks but rather recriminations will come.

In closing, we would repeat that the families of syphilitics show syphilis in a very high percentage; that the families of paretics and tabetics are the families of syphilitics, and that the families of all syphilitics should be thoroughly examined that treatment may be instituted where indicated.

BETTER STATISTICS OF MENTAL DISEASES

HORATIO M. POLLOCK, PH.D.
Statistician, New York State Hospital Commission

AT the meeting of the American Medico-Psychological Association, held in Niagara Falls in June, 1913, Dr. James V. May, then medical member of the New York State Hospital Commission, read a paper on "Statistical Studies of the Insane" in which he set forth important facts relative to the patients in the New York State hospitals and made a plea for the adoption of a system of uniform statistical reports by institutions for the insane throughout the country.

Following the discussion of Dr. May's paper, the association appointed a committee on statistics consisting of Dr. Thomas W. Salmon, Medical Director of The National Committee for Mental Hygiene, Chairman; Dr. Owen Copp, Superintendent of the Pennsylvania Hospital for the Insane; Dr. James V. May, medical member of the New York State Hospital Commission; Dr. E. Stanley Abbot, Assistant Physician of the McLean Hospital, Waverley, Massachusetts; and Dr. Henry A. Cotton, Superintendent of the New Jersey State Hospital at Trenton. The work of this committee extended over a period of four years, during which time several meetings were held and the various phases of the problem of securing adequate statistics of mental diseases and of hospital administration were thoroughly discussed.

In its report submitted to the association in May, 1917, the committee states that "the lack of uniformity in hospital reports at the present time makes it absolutely impossible to collect comparative statistics concerning mental diseases in different states and countries, and extremely difficult to secure comparative data relative to the movement of patients, administration and cost of maintenance and additions"; and that the "importance and need of such uniform data have been repeatedly emphasized by officers of the association, by statisticians of the United States Census Bureau, by editors of psychiatric journals and by administrative officers in various states." "Such data," the committee adds, "should serve as the basis for constructive work in raising the standard of care of the insane, as a guide for preventive effort, and as an aid in the progress of psychiatry."

It was evident from the outset that the lack of a generally recognized nomenclature of mental diseases was one of the principal obstacles in the way of securing uniform reports. The committee, therefore, after a careful review of existing systems, prepared a new classification and unanimously recommended its adoption by the association. The classification submitted provides for twenty groups of psychoses and for the subdivision of some of the groups into their well-recognized types. It is largely based on the Kraepelin psychiatry, and in its main outlines is similar to the classification used in New York State since 1908. The committee also submitted forms for eighteen statistical tables, which it believed would give the information that should be annually reported by every state hospital for the insane.

In order to secure uniform statistical reports, the committee recommended that the association appoint a standing committee on statistics, and that such committee co-operate with The National Committee for Mental Hygiene in securing the adoption of the association's classification by federal and state authorities, and in collecting and publishing an annual statistical review of the insane.

The report and recommendations of the committee were adopted, and President Anglin appointed a standing committee on statistics consisting of Drs. Thomas W. Salmon, Owen Copp, James V. May, E. Stanley Abbot, Adolf Meyer, George H. Kirby and Albert M. Barrett.

Following the action of the association, steps have been taken in several states by those interested in the care of the insane to bring about the adoption of the association's classification and system of reports. New York, Massachusetts and Maryland have already taken the desired action, and it is probable that fairly complete adoption of the system will result before the next meeting of the association.

The division of neurology, psychiatry and psychology which was recently established in the office of the Surgeon-General of the Army, has adopted the association's classification and will use it in making diagnoses of mental cases appearing among the soldiers at the various army camps. It is probable that this classification will also appear in the next revision of the Manual of the Medical Department of the Army.

To assure the success of this movement for better statistics of mental diseases, there must be a full measure of co-operation on

the part of both governing boards and institutions. The former should adopt the new classification of mental diseases and the new series of forms, and should require the institutions under their control to keep their records in such way that the required data would be available. The institutions, whether under a central board or independent, should make the modifications in their present classification and records necessary to bring them into conformity with the new system.

Wherever possible, the state administrative board in charge of institutions for the insane should establish a central bureau of statistics. Such bureau would receive a statistical card report concerning each patient admitted, discharged or deceased. From these reports the statistician would compile the required tables and then file the cards for future reference and study. This bureau would also receive and compile reports from the hospitals concerning finances, improvements, farm operations, manufacturing, employees, out-patient activities, etc. A statistical bureau of this kind has been in operation in the office of the New York State Hospital Commission during the past nine years. This bureau now has a file of uniform cards of about 50,000 first admissions—the largest collection of systematic data concerning mental diseases in the world. It is now able to study the separate mental diseases in a sufficient number of cases to form the basis for safe statistical conclusions. A study of alcoholic insanity published by the bureau in 1914 comprised 1,729 cases, and a study of dementia praecox now under way comprises 7,026 cases. The comparative data annually prepared by the bureau relative to the administration of the hospitals constitute reference material of great value.

The advantages of a central bureau of statistics over the old system of separate compilation of data by each hospital may be summed up as follows:

1. A central bureau has work of sufficient magnitude to warrant the employment of a trained statistician, while the statistical work at the separate hospitals is usually done by untrained employees.

2. A central bureau compiles the data for all institutions in the same way, and the results may be more safely compared than when compiled in separate institutions.

3. A central bureau is able during a series of years to accumulate a much larger mass of uniform statistical material from which

special studies can be made, than would be possible in separate institutions.

4. The data compiled by a central bureau is more accessible than that compiled by separate institutions.

With central bureaus compiling and publishing statistics of mental diseases in the various states, it would be comparatively easy for The National Committee for Mental Hygiene, in co-operation with the standing committee of the American Medico-Psychological Association, to prepare annually a comprehensive statistical review of mental diseases and of the operations of institutions for the insane throughout the nation as a whole.

That great gain would result from this system of uniform records and reports cannot be doubted. Patients would be more carefully studied, better understood and consequently more effectually treated. The work of one institution would be compared with that of others, and the good results in one would serve as an inspiration to all. The occurrence, nature, course and outcome of the various mental diseases in different sections of the country would become known, and thus a foundation for preventive work would be laid.

A STUDY OF 608 ADMISSIONS TO SING SING PRISON*

BERNARD GLUECK, M.D.
Director, Psychiatric Clinic, Sing Sing Prison

INTRODUCTION

MUCH as we should like to enter into a detailed discussion of case histories in the presentation of this report of the activities of the Psychiatric Clinic at Sing Sing prison during the first nine months of its existence, it is obvious that this course would lead us considerably beyond the scope of the report. What we aim to present in these pages is a bird's-eye view of the nature of the problem involved, rather than a clinical study of criminal types. We have felt from the first that a general view of the problem is most essential before any more or less detailed approach to it of a purely research nature is undertaken. That in the course of gaining this general survey we should have gathered a great deal of useful and interesting clinical material is but natural, but the presentation of this material in detail must await future publication.

To those who have given serious thought to the problem of criminal behavior, there should, of course, be no doubt as to the part psychiatry ought to play in the field of criminology, but if a need is still felt for the outlining of reasons why criminology should seek in psychiatry an aid toward the definition and administration of its problem, the following rather significant facts might be offered for contemplation:

1. Of 608 adult prisoners studied by psychiatric methods out of an uninterrupted series of 683 cases admitted to Sing Sing prison within a period of nine months, 66.8 per cent were not merely prisoners, but individuals who had shown throughout life a tendency to behave in a manner at variance with the behavior

*EDITOR'S NOTE.—This article is a report of the activities of the Psychiatric Clinic at Sing Sing prison from the time of its establishment, August 1, 1916, to April 30, 1917. Through the financial support given by the Rockefeller Foundation, the National Committee for Mental Hygiene was enabled to undertake the planning and supervision of this work. The report in full, together with acknowledgments of the credit due to those who have assisted in the successful operation of this clinic, will be published by the National Committee for Mental Hygiene and may be obtained upon application.

of the average normal person, and this deviation from normal behavior had repeatedly manifested itself in a criminal act.

2. Of the same series of 608 cases, 59 per cent were classifiable in terms of deviations from average normal mental health.

3. Of the same series of cases, 28.1 per cent possessed a degree of intelligence equivalent to that of the average American child of twelve years or under; of the ninety-eight native-born defectives, 80.6 per cent were recidivists* in crime, whose average number of sentences to penal or reformatory institutions was 3.5; and 85.7 per cent of the group will have been returned again into the general community within a period of five years.

4. Of the 608 cases 18.9 per cent were constitutionally inferior, or psychopathic, to so pronounced a degree as to have rendered extremely difficult, if not impossible, adaptation to the ordinary requirements of life in modern society. This lack of capacity for adjustment is reflected, on the one hand, in the fact that of the ninety-one native born in this group 86.7 per cent were recidivists in crime, whose average number of sentences to penal or reformatory institutions was 3.9, and, on the other hand, in the fact that a very significant number of them have been total economic failures thus far. Furthermore, 82.4 per cent of these cases will have been discharged again into the general community within a period of five years.

5. Of the 608 cases 12 per cent were found to be suffering from distinct mental diseases or deteriorations, in a considerable number of whom the mental disease was directly or indirectly responsible for the antisocial activities.

The above cited facts strongly support the opinion that one is dealing here with a highly selected and highly specialized group of human beings. But, we might add that, according to an estimate made for us by the Federal Bureau of the Census, the 683 cases admitted to Sing Sing within the specified nine months constituted but .029 per cent of the total male population of over sixteen years of age of the counties from which Sing Sing derives its prisoners—683 out of 2,343,087.

It should be obvious from the foregoing that it would be futile to expect any uniform machinery, no matter how perfect such might be, to be equally applicable to all of the individuals embraced within this group of 608 cases, and that a more hopeful

* A recidivist is an individual, who, in addition to his present term of imprisonment, has served one or more previous sentences in penal or reformatory institutions. Page 100.

solution of the problem might be expected from a more intensive individualization in the administration of it.

To the student of behavior, a knowledge of the individual back of a given act is considered absolutely essential if a clear understanding of the nature of behavior is to be had. Nevertheless, one cannot escape the conviction that as far as the administration of the problem of crime is concerned, the man back of the act is largely lost sight of, and what is actually administered is the criminal act and not the criminal. Intimate contact with the problem of crime inevitably leads to the opinion that every agency concerned in the administration of this problem sees in its own work an end in itself, and seems to lose sight of the common goal or end, toward which all should be striving, namely, the readjustment of that badly adjusted individual, the criminal.

That this cannot be expected to be otherwise under the prevailing attitude of the average community toward its problem of crime must be obvious to any one who takes the trouble to look into the situation more closely. Just as long as a community will judge the efficiency of its police officers, its prosecuting attorneys, and its judiciary by the volume of crime they are able to detect and punish, rather than by the extent to which they succeed in preventing crime, an unnecessarily large number of what might be termed provoked crimes must be the result.

The manner in which the problem of any individual criminal is handled before he is admitted to prison, must of necessity affect the degree to which the institution will succeed in accomplishing what is perhaps the most important of its functions—the return to the community of a better man than it originally received. To expect any institution, penal or reformative, to accomplish this in all cases, in view of the constitutional make-up of so large a part of the constituency of the average prison, would be well nigh expecting the impossible. But if the reformative institution cannot accomplish this result, it loses very much of its usefulness as an agency for the administration of the problem of crime, and some other method must be resorted to in those cases in whom periodic imprisonment fails to produce the desired result.

There is no reason to believe that Sing Sing is unique in respect to the number of recidivists that it harbors (66.8 per cent of its total population). Nevertheless, it finds it mandatory to return to the general community within a period of five years 85.7 per cent of a group of prisoners, of whom 80.6 per cent are recidivists

with an average record of 3.5 sentences. Because of the importance of the manner in which the prisoner has been handled before coming to prison, in any attempt to estimate his chances of reformation, it is very desirable that the agitation which one meets on all sides for reform in this important social problem should occupy itself with the agencies which handle the prisoner before his arrival in prison, as much as it concerns itself at present with prison reform.

I have in mind a hardened and thoroughly experienced burglar who has already served in penal institutions on a number of occasions. He deliberately tells me that he has no intention whatever to do anything but thieving upon his release from his present term of imprisonment and disdainfully refuses the offer of help which might tend to change his mode of living. Yet we are compelled by law to release this man from prison within a few weeks, because his sentence expires; not that there is a lack of adequate legal provision for the proper administration of cases such as his. A New York state law provides for the administration of so-called habitual offenders; but we have seen many prisoners constitutionally inclined to criminal behavior, who had already served as many as seven or eight sentences in penal institutions, readmitted to prison on a definite sentence of two or three years. Inquiry into the reasons for this reveals the unsavory fact that the prosecuting attorney, to whom the man's criminal record is well known, deliberately enters into a bargain with, for example, the seventh offender to plead guilty as a second offender, in return for which the habitual criminal escapes with a definite sentence of two or three years. That this deliberate participating in a crime through sanctioning a perjury on the part of the offender serves neither to protect society nor to instil into the criminal a respect for the law, should be perfectly obvious. Instances of this nature are not at all rare in our experience at Sing Sing.

In emphasizing the constitutional factors which are responsible to so large a degree for antisocial behavior, the psychiatrist must not fall into the very serious error of ignoring the many environmental factors which contribute directly or indirectly to the commission of crime. These factors are not confined entirely to those natural phenomena of heredity and environment which so many of us cannot escape, but embrace also the many artificial conditions created by society in its endeavor to administer the problem of crime, conditions with which the criminal is bound to come in

close contact in the course of his criminal career. That certain gross defects in each and every one of the various phases of the machinery of the criminal law are responsible to a greater or lesser degree, if not in the creation of a criminal career, at least in the continuance of it, cannot be doubted once the results are more closely scrutinized. It would be extremely interesting, and perhaps profitable, to enter into more detailed discussion of the influences which these vicious institutional factors have on the volume of crime, but it is preferable for the present to stress more particularly the constitutional factors in crime. In omitting for the present detailed reference to this phase of the problem, it does not mean that we have not been alive to the issues involved. It would, indeed, be very unfortunate if the psychiatrist were to make a conscious effort to avoid referring to the various obvious and unnecessary fallacies with which criminal procedure is still permeated. The mere establishment of the fact that so many criminals are defective, or insane, or psychopathic, will not aid materially in the solution of the problem of crime, if one remains blind to the various environmental factors, physical as well as social, which are responsible for criminal behavior. Because an individual is defective, or insane, it does not mean that he is also destined to be criminal. There are unquestionably many more defective and insane people outside than within prison walls. But an unintelligent and sometimes vicious administration of the defective, or insane, may well serve to make criminals of them, and to that extent, at least, the psychiatrist's concern with problems of administration is not only justified but imperative.

CLASSIFICATION

In the introduction, we have indicated, by means of statistical data, the impression one is likely to receive from a general survey of a prison population such as is found at Sing Sing, but, as we have already stated, lack of space prevents our entering into a detailed presentation of case histories, and this must await a more purely clinical presentation of our findings.

In classifying our material into various groups, we did not enter, for obvious reasons, into the finer, diagnostic differentiations. What is needed first of all is a general outline of the problem which will make possible a more rational administering of the prison situation, for example, of a state like New York. Thus, we have classified our cases as follows: (a) The Intellectually Defective

Group; (b) The Mentally Diseased or Deteriorated Group; (c) The Psychopathic Group, and (d) The Unclassified Group.

That a finer differentiation of types will be possible when we come to a purely clinical presentation of the subject cannot be doubted, and in one instance, at least, we are almost certain to be able to add an additional group—the Epileptic Group. As a matter of fact in the 608 cases studied, only two cases were classifiable as definitely suffering from epilepsy. Even in these two cases, the original mental defect was so prominent that we felt it advisable to include the two with the mentally defective. On the other hand, we have frequently felt in studying a case that we were dealing with a temperament, or make-up, which, if not definitely epileptic in character, certainly was very closely allied to the epileptic constitution.

Under the Intellectually Defective Group were placed all cases who had shown, as a result of a study of their life histories, a general incapacity to adjust themselves to the ordinary requirements of life, which incapacity appears to have been based largely, if not wholly, upon a general retardation in mental development, and which retardation was capable of definition by means of laboratory study. None of the cases included in this group had reached a degree of intelligence beyond that of the average American child of twelve years, and in a considerable number of cases the intelligence was much lower. It is not easy, as we have already indicated, to define the precise relationship between mental defect and criminal behavior in every instance, but the evidence tends to be cumulative that, inasmuch as criminal behavior is the resultant of the interaction between a particularly constituted individual and a particular environment, environmental factors play a significant rôle in determining criminal behavior, even in the defective. This general opinion may be expressed with reference to all the psychopathologically classifiable types.

The Mentally Diseased or Deteriorated Group includes cases in which evidence came to light of a change in personality, as well as of more or less distinct and well-defined delusional formations and hallucinatory experiences, which findings had their basis in either a mental disease or a deteriorating process. As will be seen in the more detailed discussion of this group, dementia praecox and conditions closely allied to it contributed chiefly to the group. A more detailed study of the relationship between

the personality changes involved in this disease and criminal behavior is being contemplated.

The Psychopathic Group—the most difficult to define—constitutes beyond a doubt, the most baffling group in our classification. Because it is often so difficult to convince the layman, or even the physician, that one is dealing here with a distinctly abnormal personality, a clearer definition of this form of deviation from normal mental health is very much needed. Our diagnoses were based upon a study of the life history and mode of reaction which these individuals exhibited in their various contacts with society. That we have probably not erred to a very large extent in diagnosing the individuals belonging to this group may be seen, for instance, in the fact that the average number of sentences to penal or reformatory institutions per psychopathic recidivist is 3.9, and that 23.07 per cent of them have had more or less habitual recourse to the use of narcotic drugs. The industrial careers in most instances were anything but successful, and the entire life picture which the average case in this group presents cannot fail to give one the distinct impression that he is dealing here with a decidedly abnormal type.

The Unclassified Group embraces all cases which could not be classified within any of the three preceding groups. It does not mean, of course, that we are dealing here with what is generally considered to be a normal human being. It simply means that our knowledge concerning a great many of the individuals embraced in this group is still so deficient as to make it unwise at this time to classify them definitely. It is our belief that a more intensive clinical study of these now unclassifiable cases will throw a good deal of light on the causative factors in criminal behavior.

Our chief concern, however, at this time, is to point out, if possible, to what extent a psychiatric approach might aid in the administration of the problem of crime, and for this reason it is unwise to enter into a detailed discussion of any but the clearly definable and recognizable types of offenders.

GENERAL STATISTICAL CONSIDERATIONS

It has been the aim of the clinic, since its establishment, to examine all admissions, without selection, in order that our data might be fully representative of the types of prisoner admitted to Sing Sing. Certain unavoidable omissions, however, occurred, especially during the first few weeks of the clinic's existence, so

that of the 683 adult male prisoners admitted to Sing Sing between August 1, 1916, and April 30, 1917, inclusive, only 608 were examined by the clinic.

Of the 608 cases, 359, or 59 per cent, were classifiable in terms of deviation from average normal mentality, as follows:

	Number	*Per cent*
Mentally diseased or deteriorated	73	12.0
Intellectually defective	171	28.1
Psychopathic, or constitutionally inferior	115	18.9
	359	59.0

TYPE OF OFFENSE

In estimating this point, there seems to be no valid reason for following the legal classification. This classification is frequently not in accord with the actual nature of the crime, as is the case, for example, when a man who has committed rape is permitted to plead to assault. Furthermore, the legal classification, already extensive, is growing constantly with the addition of new legislation, so that data obtained today may lose in value by tomorrow. It has been found, on the other hand, that as a result of the examination carried out in these cases, a classification on the basis of motive was possible in practically all instances, and the inception of the motive could be traced to one of the several fundamental human, instinctive attitudes.

In accordance with this biological classification, the following was ascertained:

	Number	*Per cent*
Crimes having their impulse in the instinct of acquisitiveness	388	63.8
Crimes which had their impulse in the instinct of pugnacity	148	24.3
Crimes which had their impulse in the instinct of sex	60	9.9
Perjury	1	2.0
Dynamiting	4	
Aiding escape of prisoner	1	
Arson	3	
Abandonment of children	3	
	608	100.0

While the above table shows nothing beyond the fact that the acquisitive crimes were by far the most frequent in the 608 cases, and that the frequency of a given type of offense is in inverse

ratio to its seriousness, a further analysis of each group reveals the following:

Crimes of an Acquisitive Nature

Of the 388 cases, 127, or 32.7 per cent, were of foreign birth, while 261, or 67.3 per cent, were native born. Furthermore, of the 388 cases, 222, or 57.2 per cent, were classifiable in terms of psychopathological deviations, as follows:

	Number	*Per cent*
Mentally diseased or deteriorated	50	12.9
Intellectually defective	96	24.7
Psychopathic, or constitutionally inferior	76	19.6
	222	57.2

Of the 388 cases, 281, or 72.4 per cent, were recidivists; that is, according to our method of determination, individuals who have served one or more previous sentences in penal or reformatory institutions.

Crimes of Pugnacity

Of the 608 cases, 148, or 24.3 per cent, were sentenced for crimes of this nature. Of the 148 cases, 87, or 58.8 per cent, were classifiable in terms of psychopathological deviations, as follows:

	Number	*Per cent*
Mentally diseased or deteriorated	13	8.8
Intellectually defective	49	33.1
Psychopathic, or constitutionally inferior	25	16.9
	87	58.8

Of the 148 cases, ninety-three, or 62.8 per cent, were recidivists.

The Sex Offender

Of the 608 cases, sixty, or 9.9 per cent, were sentenced for sex crimes, as follows:

	Number	*Per cent*
Rape	27	4.5
Sodomy	16	2.6
Bigamy	9	1.5
Abduction	4	1.3
Incest	3	
Seduction	1	
	60	9.9

Of the sixty cases, forty-two, or 70 per cent, were classifiable in terms of psychopathological deviations, as follows:

	Number	*Per cent*
Mentally diseased or deteriorated	10	16.7
Intellectually defective.....	25	41.7
Psychopathic, or constitutionally inferior..	7	11.6
	42	70.0

Of the sixty cases, twenty-seven, or 45 per cent, were recidivists, in our sense of the term.

Thus it will be seen, that on the one hand, the frequency of an offense is in inverse ratio to its seriousness, while on the other hand, the extent of psychopathologically classifiable cases is in direct ratio to the seriousness of the offense. Thus:

Acquisitive crimes psychopathologically classifiable.....	57.2%
Crimes of pugnacity psychopathologically classifiable.....	58.8%
Sex offenses psychopathologically classifiable..	70.0%

One would expect to find a similar relationship between the degree of delinquency and the extent of psychopathologically classifiable cases. This relationship actually does come to light when we consider the defectives and psychopaths, where the percentage of recidivism was 80.6 per cent and 76.7 per cent respectively, but it also becomes evident in considering our material from the standpoint of the type of offense, as soon as we analyze more closely the relationship between recidivism and the nativity of the offender.

RECIDIVISM

In estimating the degree of recidivism in a given case, two methods may be employed. On the one hand, one may base one's judgment upon the frequency with which an individual has been found to have come in conflict with the law. This method, while it would not throw light upon those individuals who harbor distinctly antisocial tendencies, but who, because of certain protective environmental agencies, manage to escape actual conflict with the law, would be the more desirable method if police records were more reliable than they actually are, or, if "arrest" really meant in each instance a breach of the law. Unfortunately, neither are the police records absolutely reliable, nor is "arrest" entirely confined to those actually guilty of crime. If the latter

were the case, the present provisions for the housing of the criminal would have to be enlarged a hundredfold, at least. The second method, and the one which we have adopted for the determination of the factor of recidivism, is based upon the history of previous sentences to penal or reformatory institutions. This method, too, is subject to error, and does not tell a complete story; but the error involved is certainly not so great as that involved in the first method. At any rate, our figures on recidivism may not be extensive enough, but they are dependable as far as given.

Of the 608 cases studied, 406, or 66.8 per cent, had served sentences in one or more penal or reformatory institutions before. Extremely significant is the factor of nativity as far as recidivism is concerned. While the recidivism in the entire group was 66.8 per cent, in the foreign born it was only 49.8 per cent; while in the native born it was 75.9 per cent. This decidedly lower percentage of recidivism in the foreign born is undoubtedly due to the fact that accidental environmental factors play a much greater rôle in the foreigner's conflicts with the law. Ignorance of American customs and laws contribute not a small share of this accidental factor, while exploitation at the hands of unscrupulous members of the same nationality, and others, not infrequently leads the ignorant immigrant to react in an antisocial manner. It would seem that contact with the law and penal and reformatory institutions accomplishes much better results in the foreign born than it does in the native born. If we take into account the degree to which the factor of nativity influences our figures, we shall find that there is also a direct correlation, not absolute but relative, between the degree of delinquency and the extent of psychopathological deviations, even when we classify the material according to type of offense.

There were 213 foreign born out of the 608 cases, or 35 per cent. In the acquisitive group, where the percentage of psychopathologically classifiable cases was the lowest, the percentage of recidivism should also have been the lowest, but we find that, as a matter of fact, it is the highest of the three groups—72.4 per cent. On the other hand, we also find that the influence of the factor of nativity plays the smallest rôle in this group, since the percentage of foreign born to the total is only 32.7 per cent, or less than their percentage in the entire 608 cases.

In the pugnacity group, the percentage of recidivism should have been somewhat higher than it was in the acquisitive group,

because the percentage of the psychopathologically classifiable cases was also higher. We find, however, that it is actually lower—62.8 per cent, as compared with 72.4 per cent; but we also find that the percentage of foreign born in this group was also higher—38.2 per cent as compared with 32.7 per cent.

In the sex group, which should have shown the highest rate of recidivism, because of the highest percentage of psychopathologically classifiable cases, we find, on the contrary, the lowest percentage of recidivism—45 per cent—but we also find the highest percentage of foreign born among this group—43.3 per cent.

The following table demonstrates these various relationships:

Crime	Psychopathological classification	Recidivism	Foreign born
Acquisitiveness	57.2%	72.4%	32.7%
Pugnacity	58.8%	62.8%	38.2%
Sex	70.0%	45.0%	43.3%

In any psychopathological study of the offender, the error must be avoided of seeing the cause of the criminal act entirely in the constitutional make-up of the individual. That such is not the case does not require much proof. The criminal act, in every instance, is the resultant of the interaction between a particularly constituted personality and a particular environment. Because 59 per cent of the total number of cases examined were classifiable in psychopathological terms, it does not at all mean that these individuals were predestined to commit crime. In fact, there are, in all probability, many more psychopathologically classifiable people outside of prison than there are within prison. That more of them do not get into prison is due to the fact that they have had the many benefits of suitable environment and the protection which goes with these benefits, a protection of which those who do get into prison have been deprived to a greater or lesser extent. It seems from our study, that environmental features play a greater part in crime among the foreign born than they do among the native born, and this seems to account largely for the fact that while numerically the foreign born constitute a serious problem in our 608 cases, they are far less of a problem in recidivism than are the native born. It is

because of our conviction that environmental factors play a much greater rôle in the case of the foreign born, that we feel justified in assuming, as we do above, that there is a correlation also between the degree of recidivism and the extent of psychopathologically classifiable cases even when we classify our material in accordance with the type of offense.

Had it been possible to carry out the type of field investigation in the foreign born that we were able to carry out in the native born, we should have had ample proof to justify our contention. In a separate section, the question of the foreign born is gone into in greater detail.

AGE AT COMMITMENT

The ages at the time of commitment to prison in the 608 cases ranged between sixteen and sixty-eight, the most frequent age being twenty-three. In the foreign group, the most frequent age was twenty-seven.

RELIGION

	Number	Per cent
Those professing the Catholic faith	309	50.8
Those professing the Protestant faith	180	29.6
Those professing the Hebrew faith	104	17.1
Greek Catholics	7	1.1
Mormon	1	0.7
Christian Science	1	
Buddhist	1	
Freethinker	1	
No religion	4	0.7
	608	100.0

CIVIL CONDITION

	Number	Per cent
Single	356	58.6
Married	230	37.8
Widowed	20	3.3
Divorced	2	0.3
	608	100.0

THE DEFECTIVE GROUP

Of the 608 cases studied, 171, or 28.1 per cent, were diagnosed as intellectually defective. In arriving at the diagnosis of mental deficiency, the current psychometric methods in vogue were employed; more specifically, the Yerkes-Bridges Point Scale, the

Terman Revision of the Binet-Simon Tests, and a number of the Healy Construction Tests. But while we have recognized both the convenience and usefulness for comparative purposes in defining the mentality of these cases in terms of mental age, it will be seen that considerable dependence was placed, in arriving at the final diagnosis, on the individual's life career and on his ability, or lack of ability, to adapt himself to the various demands made upon him.

The diagnosis of mental deficiency, therefore, as herein set forth, does not rest solely on the laboratory findings, but, in addition, takes into account the actual capacity for adaptation which each individual manifested in his past life.

It will be seen later, that the majority of these cases had shown throughout life certain definite traits which would have justified their being considered at least as representing a special problem to society. That failure to recognize this special problem at more than one point in the individual careers of these cases has contributed to a very large extent toward the fact that they are still at present far from being properly adjusted, cannot be doubted. This criticism should, perhaps, apply especially to that highly developed social agency—the public school—inasmuch as in a great number of instances distinct pathological traits were manifested by these individuals during their school careers.

A more detailed and intimate study of the problem of mental deficiency as related to crime, and one which naturally cannot be resorted to here, will aim to determine, if possible, what particular traits in a defective are especially responsible for his antisocial tendencies, and what errors in procedure, on the part of society during the early life of these men, may have played a part toward making them what they are.

There can be no escape from the conviction, that no matter how great the urgency might be for doing everything possible to readjust the adult offender at the time of his contact with a state prison, not much success can be hoped for in a great many instances at this advanced stage of maladjustment. The time for an active effort on behalf of these people is, in the majority of instances, in the past, and if it is true that no opportunity can be had in many cases to apply readjustive measures before they reach the public school, there can be scant excuse for ignoring this serious problem during their contact with the public school. One cannot over-emphasize this point after a perusal of the life his-

tories of these cases, as the impression is frequently gained that a different career would have resulted had there been a more intelligent appreciation of the problem in the past.

The 171 cases comprised all of the defectives among the 608 cases studied; but, inasmuch as our sources of information in the cases of the foreign born were not so complete as we might have wished them to be, the detailed consideration of the problem of defectiveness will be confined here to the native born, of whom there were ninety-eight cases, or 57.3 per cent of the defective group. As has been already stated elsewhere, a detailed consideration of the foreign-born inmates is taken up in a later section.

The chronological age in the native-born defectives was in no instance less than sixteen, and the most frequent age was nineteen. According to the psychometric estimation, the mental ages are represented as follows:

Equivalent to the mental age of the average American child of nine years, or under	5
Of between nine and ten	21
Of between ten and eleven	14
Of between eleven and twelve	58
	98

It will, therefore, be seen that if the mental age is to be taken as a criterion, comparatively few cases might be classed as rather profoundly defective; that is to say, as coming within the classification of the low grades of feeblemindedness, while the majority fall within the various grades of moronism. These findings are particularly significant, inasmuch as they demonstrate that it is the higher grade of defective who constitutes the most serious problem in antisocial behavior. It is frequently very difficult, and sometimes impossible to convince the lay mind, or the jurist, that one is dealing here with mental defect, since many of these cases make good superficial impressions. There seems to be a general tendency to ignore the very natural phenomenon, that the more profound the mental defect, the less likely is the individual to lead a totally unsupervised life, in consequence of which there is also less likelihood of conflict with environment. It is largely in those cases where neither the relatives nor acquaintances of the defective appreciate that there is here a serious difficulty which requires attention—that is to say, in the various grades of moronism—that the problem of criminality looms large.

Notwithstanding the prevalent criticisms of the efficacy of the psychometric method in estimating degrees of intellectual development, it is surprising how close the correlation is between the mental defect as defined by psychometric methods and actual performance as gained from a study of the life histories of these cases. The more one works with these methods, the more one is impressed with their utility as an aid to diagnosis. Furthermore, as far as our own material goes, we should feel no hesitancy in agreeing that at least all those cases who did not reach a mentality beyond ten years of age, ought to be more or less permanently segregated.

RECIDIVISM

In dealing with defective delinquents, one of the most important questions to be determined is the extent to which the tendency to criminal behavior is developed in a given case. It is not very easy to estimate this factor, and we have already outlined the basis upon which we determined the degree of recidivism in a given case.

We have drawn attention to the fact that the estimate of the extent of recidivism among the prisoners at Sing Sing must of necessity be a very conservative one, when it is based solely on former sentences. There is an urgent need for carrying out more intensive studies of methods of determining criminal tendencies in individuals before they are classified as criminals by the police. In this connection, Dr. Walter E. Fernald's insistence upon a clearer definition of the "defective delinquent" deserves the support of everyone.

According to our method of approach, we mean by a "recidivist" an individual, who, in addition to his present term of imprisonment, has served one or more previous sentences in penal or reformatory institutions. Obviously, this does not take into consideration the extent to which the individual may have been in conflict with the law. That this necessity of confining ourselves to those who have served previous sentences, leaves out of consideration the previously unconvicted antisocial individual, and vitiates to a certain extent our statements concerning recidivism, we are fully aware, and this is especially illustrated by the following case, whom we have, in accordance with our method, classified as a "first offender":

This twenty-six-year-old Irish-American, has been on several occasions in conflict with the law for serious offenses, but not until one of these terminated in

a homicide has he been convicted and sent to prison. His father, an excessive alcoholic, died of tuberculosis when the inmate was about eleven years of age. One sister has hysterical or epileptic seizures; one paternal uncle was very wayward, and a cousin has had some form of meningitis.

The inmate was born in Brooklyn, New York, 1891, the third in sequence. He was subject to nocturnal enuresis until six or seven years of age, and following an attack of diphtheria, at the age of nine, stuttered for several weeks. He attended the grammar school between seven and eleven, reaching the fifth grade. His industrial career has been extremely irregular and inefficient. Since leaving school, he has held about twenty different positions, and for about three years did nothing in the nature of honest work towards his support.

He has been arrested twice for assault, and once for having been involved in a shooting affray, but each time was released without further ado, and at present is serving a sentence of from five to ten years for manslaughter in the first degree. It appears that during a war between two gangs, he armed himself with a gun, and when he met his opponent, fired at him and killed him.

He is married and has one child. He is of rather low degree of intelligence, reaching a mental age of eleven and nine-tenths years, according to a psychometric estimation. He is deteriorated emotionally and is indifferent concerning his stay here, except that he realizes that he got off lightly. In addition, he shows a number of neurological signs, such as, unequal pupils, exaggerated knee jerks, tremors of the tongue, speech defect and coarse tremors of the fingers; although the Wassermann of the blood serum is negative.

There is no doubt that this case should be considered among the recidivists, notwithstanding the fact that he is serving his first sentence at present. One feels strongly that he is dealing here with a defective delinquent, who, by the way, will again be returned to society, after the expiration of his minimum sentence of five years.

In accordance with our method of classification, seventy-nine cases, or 80.6 per cent of the native-born defectives, have served one or more previous sentences in penal or reformatory institutions. Compared with the general percentage of recidivism in the 608 cases, which was 66.8 per cent we find here an increase of 13.8 per cent—a rather significant correlation between mental defect and tendency to antisocial behavior. A more detailed inquiry into these cases reveals the following:

24	are	serving	their	second term
23	"	"	"	third "
15	"	"	"	fourth "
8	"	"	"	fifth "
3	"	"	"	sixth "
4	"	"	"	seventh "
1	is	"	his	eighth "
1	"	"	"	ninth "

The average per individual was 3.5 sentences, and it would be difficult, indeed, to escape seeing in this high factor of recidivism strongly corroborative evidence of the laboratory diagnosis of mental deficiency.

AGE OF FIRST COMMITMENT

In those in whom this could be determined, the age of first commitment to a penal or reformatory institution was as follows:

At the age of	*Number*	*At the age of*	*Number*
7	1	18	3
9	1	19	8
10	3	20	3
11	3	21	3
12	3	22	1
13	2	23	1
14	5	24	3
15	2	25	2
16	6	30	1
17	4	32	1

Thus it will be seen that in forty-seven cases of those in whom this point could be determined, the first arrest took place before the inmate had passed his twenty-first year of life. Of the seventy-nine cases, forty-six, or 58.2 per cent, had been confined on one or more occasions in a juvenile reformatory institution. Of these, thirty-one were at one time inmates of the State Reformatory, at Elmira. This institution is singled out because we have been particularly struck with the remarkable degree of accuracy of prognosis that its records indicate. In practically every instance, the fact that the individual was very likely to continue to be antisocial, was emphasized in the case record. What a serious indictment of procedure is to be seen in this total indifference to predictions based upon scientific investigation, as was done for instance in the following case:

S. R., a nineteen-year-old Italian-American, was admitted to Sing Sing on a sentence of three years and five months after having confessed to burglary in the third degree. The boy is the issue of illiterate and primitive Southern Italians, the parents having immigrated to the United States about thirty years ago. The father, whose occupation was that of porter and bootblack, died several years ago of pulmonary tuberculosis. The mother is still living, somewhat invalided from rheumatism. An older brother, a confirmed criminal, has been in frequent conflict with the law and is also a drug addict. Another brother suffers from chronic headaches, is quite impulsive and explosive in conduct, frequently changes places of occupation, and was arrested once on suspicion. Still another brother has the reputation of being unusually sullen in his general attitude.

The inmate grew up under very miserable home conditions and without any rational supervision. The family always lived in poor, cramped quarters, in the congested section of the lower East Side of New York. Usually the entire family of parents and eight children occupied two rooms, never more than three. The father's work as porter in a saloon, kept him away from home from early morning until late at night, and he had very little opportunity to supervise the children. Home offered no attractions to the children and from an early age they found unsupervised recreation on the streets of the lower East Side. The mother was attended by a midwife during confinement with inmate; labor normal. His infancy and childhood appears to have been uneventful. He entered school at the age of six and continued steadily until the age of eleven, when he had reached 5-B grade. For some time before this, however, relatives and neighbors began to notice certain changes in his character. He became disobedient, untruthful, dishonest and secretive. He was easily led by other boys, but his parents had absolutely no control over him, especially since the age of eleven. At this time he became rebellious at school, truant, and finally had to be placed in the truant school.

Aside from this change in behavior at home and at school, the boy had been associating for some years before, in fact since the age of about seven, with a set of wild and antisocial boys in the neighborhood, and his record with the Society for the Protection of Cruelty to Children dates from June, 1908, when he was but ten years of age, and when his first arrest for theft took place. He was committed to the Catholic Protectory where he remained until May 12, 1911, when he was placed on trial with his mother. Several months later it was reported that the boy had given up old companions and that he remained at home most of the time, but was ungovernable, displaying bad temper when brought to task. He yelled at the top of his voice, jumped up and down, and generally created such a disturbance as to have annoyed neighbors who threatened to move. The janitress as well as other tenants accused the boy of going to the roof and throwing stones down on tenants or any one passing through the yard. The family was threatened with dispossession unless something were done with the boy. The boy was interviewed at this time by a parole officer from the Catholic Protectory and was told that if his misbehavior should lead to a recommitment to that institution, he would have to be kept until the age of twenty-one. He promised to do better, but did not impress the officer as being sincere. In October of the same year, however, the boy was arrested at the instigation of his father, who complained that the boy was wild and beyond control of the family, that he remained away from home most of the time, and was constantly getting into trouble. His school record at this time was very bad. The boy was placed on probation for about a month. Nothing definite of record happened until March 30, 1912, when he was recommitted to the Catholic Protectory for theft, running the streets and fighting. It is noted that his parents lived at this time in two filthy rooms, and could not manage the boy at all who was already then beginning to terrorize the household. At one time he stabbed his sister in the arm in a fit of rage, and since previous discharge from the Protectory, had been arrested three times for theft. The institution physician at that time, said that the boy was suffering from trachoma. The boy was again allowed out on trial on July 5, 1913, was given his working papers, and promised to obtain work and

behave himself well. The father at this time had become a helpless invalid, and conditions at home were much more distressing, but the boy apparently was but little impressed with the situation, resumed his former habits of a wild, ungovernable street life, and in September of the same year had to return to the Protectory again at the solicitation of parents and neighbors. In February, 1914, he was again released on trial from the Protectory, but after two weeks' steady work, resumed his former habits, began to steal more boldly and excessively, and in June of the same year was sentenced to the State Reformatory at Elmira for burglary. His industrial career up to this time was naturally very defective, irregular, and unproductive, since he had spent most of the time from the age of eleven at the Catholic Protectory.

It is highly significant that up to the time of his sentence to Elmira at the age of sixteen, no effort had been made to define in any rational or helpful manner the extremely serious problem which this youngster presented. While our field investigator was able to obtain a fairly accurate record of his behavior at home and in his unsupervised street life, no helpful information concerning his difficulties and behavior at school and at the Protectory is at hand. It would seem that at school at least, this difficult and troublesome boy should have led to a more intelligent attempt to understand the problem he presented than mere transfer to the truant school. It is only as a result of his contact with Elmira that we began to get evidence of an intelligent effort to understand this troublesome personality. Here he is described as a coarse type of Italian, native of New York, weight 122 pounds, 4 feet 2½ inches tall, of poor mental capacity, poor susceptibility, and of poor physical condition. He lost ten of the fifteen months of his incarceration there for misconduct involving disobedience of orders, assault, malicious disturbance and damaging state property. A moron with physical stigmata whose extremely low mentality caused him to be placed in their special training class for mental defectives. Finally his condition gave evidence of the gradual development of mental disorder, and on November 5, 1915, he had to be transferred to the Dannemora State Hospital for the criminal insane. The prognosis rendered at Elmira was, "Outlook for improvement *nil;* absolutely no progress in school or labor; a turbulent, vicious, degenerate, whose criminal character will probably cause continuous confinement in penal institutions."

At Dannemora his behavior was better and he was discharged from that institution at the expiration of his sentence, December 6, 1916, as recovered. The diagnosis was, "mentally deficient, paranoid trend." Then while the subsidence of the acuteness of the medical problem which this boy presented, may well have justified the termination of his residence in a hospital for the insane, the woeful lack of appreciation of the serious social problem involved deserves note. Not that the authorities at Dannemora necessarily failed to estimate the gravity of the situation, but that there is still lacking proper legal provision for a more indefinite detention of individuals like this.

Following his return from Dannemora, relatives noticed a change in his make-up—he was more changeable, seemed nervous, restless, irritable and quick-tempered. He worked fairly steadily for about one month and a half, then resumed his former habits and in addition began pugilistic activities and earned part of his subsistence in this fashion. He resumed, however, his stealing pro-

pensities and about three months after his release from Dannemora was arrested for burglary and sentenced to Sing Sing for a period of three years and five months. His conduct at home during this time was unbearable. The father having died, the mother was quite helpless, and finally was obliged to leave home after a threat to kill her if she didn't supply him with money.

Our examination of the boy showed him to be rather undersized and underdeveloped physically, of coarse features. He was extremely infantile in his make-up, rather contentious and pugnacious. He appeared to have no conception whatever concerning the seriousness of his past mode of life, and did not impress one in the least as having benefited to any extent from previous sojourns in correctional institutions. The boy apparently has, up to this time, acquired no well-defined meaning of life, has no insight whatever into his past difficulties, and does not entertain any idea with reference to his future that might justify the assumption that he will improve in conduct. He entered into the examination rather freely, co-operated well, but gave distinct evidence of conscious deception as well as inability to give a correct account of his past life. He was rather boastful in manner when talking of his past exploits, took the entire situation lightly, and seemed to be distinctly pleased with the fact that he was an inmate of the state prison. He insisted that he was innocent of the crime for which he was sentenced, but that he knew who did the crime, but, of course, would not think of telling the police who did it. He was quite well informed on current events and his general information was quite on a par with his educational advantages. He said that the Mississippi River divided the West from the East in this country, that Grant was a general commanding the northern army during the Civil War, that the Spanish-American War was due to the sinking of the Maine, named the Great Lakes, states and capitals without difficulty, and according to an examination by the Terman Revision of the Binet Scale, reached the psychological age of fifteen years and six months, with an intelligence quotient of .96. His vocabulary was about 9,000 words, and he readily performed the Binet Paper Cutting Test, and the Ingenuity Test under the XVIII series. It is extremely interesting to note that his psychometric examination threw so very little light on the inmate's personality, and that the ultimate estimation of his make-up had to depend upon a study of his past career and type of reactions to daily situations. On the other hand, he showed a distinctly emotional deterioration and indifference. Certainly he had no adequate conception of the meaning of his life up to the present and of the difficulty in which he had been, a deterioration which is probably a sequence of the psychotic episode which necessitated his transfer to Dannemora State Hospital.

Can there be any doubt that the correlation between this high percentage of recidivism and mental defect deserves serious attention at the hands of those who administer this problem, and that some effort ought to be made toward a more rational administration of it?

TYPE OF OFFENSE

Crimes which had their impulse in the instinct of acquisitiveness	58
Crimes which had their impulse in the instinct of pugnacity	26
Crimes which had their impulse in the instinct of sex	13
Arson	1
	98

The means employed toward obtaining the goal of acquisitiveness were, in the majority of instances, the usual means of larceny, burglary, etc., but in three cases, compulsory prostitution was resorted to.

Of the twenty-six cases in which the instinct of pugnacity came to light, six terminated in homicide.

Of more special interest is a more detailed classification of the sex offenses. Here we find that rape was represented in five instances; abduction in two and sodomy in six; thus the abnormal sex expression was in the majority.

HEREDITY

The subject of heredity in criminal behavior has been discussed repeatedly by various investigators, and the consensus of opinion still seems to be that there is no reliable evidence to support the view that criminal behavior is to any significant degree hereditary. This, of course, need not be taken as indicative of the hereditary factors that may be involved in the problem of the "defective delinquent." We have considered the question of heredity only so far as our means of obtaining accurate information permit us to do, and what we have to say concerning this should not be taken as a definite criterion of the part heredity plays in this problem. More accurate and painstaking field investigations in each case would be necessary with a sufficiently large number of cases to justify one in drawing any conclusions concerning the question of heredity in the defective delinquent. As far as we were able to determine from our records, hereditary factors of some significance came to light in forty-eight of the ninety-eight cases, as follows:

Alcoholism

Father excessively alcoholic	18
Father periodic drinker	1
Father moderately alcoholic	11
Mother alcoholic	8
	38

Tuberculosis

Father having suffered from tuberculosis	6
Mother having suffered from tuberculosis	2
Brother having suffered from tuberculosis	2
Sister having suffered from tuberculosis	2
Maternal aunts having suffered from tuberculosis	4
	16

Other Significant Hereditary Factors

Mother insane	1
Mother epileptic	1
Father died of apoplexy	3
Sister deaf and dumb	1
Sister defective	2
Sister hystero-epileptic	1
Brother epileptic	1
Brother defective	1
	11

Alcohol and tuberculosis, therefore, seem to have been rather significant hereditary factors in this group of cases.

EARLY PATHOLOGICAL MANIFESTATIONS

Definite pathological behavior manifestations in early childhood and boyhood were brought to light in fifty-two instances, among which might be mentioned the following:

Running away from home
Delayed nocturnal enuresis (in four instances up to ten years of age, and in one instance up to eleven)
Stuttering
Crying out in sleep
Incorrigibility
Sleep walking
Convulsions
Early criminality
Hysterical seizures
Retarded walking and talking

All of these manifestations should have attracted special attention to these individuals, and probably would have, had they been reared in a proper environment. Unfortunately, many of them were brought up under miserable conditions, a fact which must be taken into account in any attempt to define why a given defective becomes antisocial.

In twenty-five instances, definite evidence came to light of association in early life with criminal and antisocial types, and in a number of instances these individuals were deprived early in life of parental supervision, either on account of death or separation of the parents. In eight instances one or both parents died during the subjects' early infancy, and in twenty-three instances, before the subjects had reached the age of fourteen. In three instances the parents separated before this age was reached, and two of them ran away from home before they were fourteen. There can be little doubt that this type of early environment, with its natural consequences, and the lack of parental supervision and guidance had their share in making these individuals what they are. The following case may be illustrative of this point:

N. G., a twenty-year-old Italian-American, who already had a very extensive record of criminality, was admitted to Sing Sing on a sentence of from one to four and one-half years, after having confessed to grand larceny of the second degree.

His grandparents on both sides were primitive Italian peasants; they were born and lived in the neighborhood of Naples. They were simple, illiterate folk, but of good reputation. The paternal grandmother died suddenly of heart disease. The father, aged fifty-four, came to the United States soon after marriage and managed to support himself and family as a bricklayer until about twenty years ago when as a result of a fall he received a severe injury from which it took him several months to recover. Subsequent to this injury, his mind became affected in some way, and since then he has shown a number of mental peculiarities, has declined industrially, and at present earns a meager livelihood as a bootblack. He was deserted by his wife who was at the time pregnant with inmate, soon after he developed mental disorder because of his abuses and cruelty. He has become excessively alcoholic since then. The mother, an illiterate Italian woman, married her husband against her wishes, and conjugal relations were never happy. Soon after her husband was injured and began to show mental symptoms, she went to live as the common-law wife of another Italian. At that time she was pregnant with the inmate, and in addition, had to support two children, by working as a finisher for tailors. She is a well-behaved, industrious woman and, aside from the fact that she has had a number of children by this second man out of wedlock, has shown no antisocial tendencies. The firstborn was found dead when about ten months old, was not quite normal, and always seemed to be in discomfort and crying. The second, a boy, born in New York, attended an industrial school, but never got beyond the fourth grade. He came in conflict with the law early in life, and has never been very successful industrially since. The third, a girl, never reached beyond the fifth grade in school, was not very bright, but tried hard to learn. She is married and living a normal, useful life, although for two years during her married career she had to depend upon public charity to a considerable extent for her support. The fourth was the inmate. The fifth, a half-brother, appears to be normal. The sixth, another half-brother, has always

been a troublesome boy. He has been to the Children's Court on a number of occasions, but is industrious at present. Another boy, the son of the inmate's stepfather and a former wife, has led a very abandoned, criminal career, and is believed to have had considerable to do in influencing the inmate's career. In fact, the inmate, constitutionally very suggestible, showed a great desire from earliest boyhood, to emulate this brother's escapades, and later on participated in the criminal activities of this brother.

The inmate was born in New York City on May 16, 1895, probably the fourth in sequence. At the time of his conception, the father had been injured and his mind was affected. He became very brutal in his treatment of the mother during this pregnancy, so that she felt obliged to leave him. Birth, as far as can be ascertained, was normal, but during his infancy, the mother had a hard time supporting herself and two children, and the inmate suffered considerably from want and privation. After she went to live with the common-law husband, home conditions improved somewhat and, although their quarters were very crowded, the home was fairly clean and there seemed to be sufficient simple food. The children were neglected to a certain extent during their early childhood, and the mother states that she had always realized that she never had any marked control over the inmate's behavior. The one brother who has been excessively criminal, was arrested for the first time when the inmate was five years of age, and the mother thinks that the latter was very much impressed at that time with his brother's contact with the police, and seemed to want to emulate him. The home was unattractive, parents illiterate. There were no recreational outlets furnished, and in consequence, they had to be found in the streets, and in an unsupervised manner.

It is difficult to ascertain definitely when the inmate entered school, as his school career was frequently interrupted by sojourns in reformatory institutions, but it appears to have been somewhere between seven and eight years of age. He is remembered by one school teacher as a low-browed, forbidding-looking, unresponsive child; appeared to her to have come to school because he had to; was mischievous, troublesome, and required looking after. He had a very bad temper, lessons were poor; could not apply himself, and never went beyond the fourth grade. He has never been seriously ill and, with the exception of a bullet wound on the scalp which he received when he attempted to escape from one of the juvenile institutions, he never received any serious injuries. His industrial career has been very inefficient, irregular, frequently interrupted by sojourns in reformatories and penal institutions, and there never was an attempt to learn a trade. Several positions which he held lasted only brief periods, and he did not succeed very well at any of these.

His first contact with the law occurred at about the age of eight when, in company with another boy, he was charged with burglary. He was acquitted by the judge on account of his youth and turned over to his parents. Two months later he was again arrested in company with the same boy for stealing several packages of cigarettes, and on October 9, 1903, was committed to the Catholic Protectory, where he remained until May 23, 1905. At that institution, it was recorded that his physical condition was good; that he had no education, no religious instructions and that his habits were wild. On September 18, 1905, he was again arrested in company with Thomas, the half-brother already referred

to, for loitering in a doorway. He had been away from home at that time for two days and his parents did not know of his whereabouts. He was recommitted to the Catholic Protectory, where he remained until September, 1906, when he was turned over to his father. At that time he had attended public school intermittently, and had learned to read and write. In May, of the following year, he was arrested in Brooklyn, and sentence was suspended. Two weeks later he was again arrested for attempting to break into a store, and was committed to the House of Refuge. He was paroled from this institution after a sojourn of about two years, and in December, 1910, was again arrested on account of having been implicated in the larceny of a number of watches which were found in his possession. He was returned to the House of Refuge, from which institution he was paroled on May 14, 1911. In the fall of that year he was again arrested, and on January 18, 1912, was sent to the Catholic Protectory under an alias, where, after a month's sojourn, his identity was discovered, and he was returned to the House of Refuge. Subsequent to this, he served a sentence in the New York City Reformatory and in the penitentiary, and on December 4, 1916, was arrested for the present offense and sentenced to from one year to four years and six months. The present offense consisted in stealing a motor car which he took to a neighboring city.

Our examination shows him to be a fairly well-developed and well-nourished boy, aged twenty on admission, January 15, 1917. He is a profoundly defective and infantile individual, very loquacious and talkative, but quite insincere and unreliable in his statements. He constantly put forth a great deal of effort to impress the examiner with his capabilities and blames his difficulties entirely on environmental circumstances. He co-operates well in the examination; is quite cheerful; says he does not worry over anything except the sorrow he has caused his mother. He feels that he should spend his time while in this institution in learning some useful trade. In his ideation he is rather primitive; believes fully in spirits, ghosts and haunted houses, and occasionally hears peculiar noises in his ears, which at times sound like voices. Until about two years ago he had unpleasant visions which disturbed his nights very much.

According to the Stanford Revision of the Binet Scale, he reaches a mentality of about eleven years and four months. In Healy's Construction Puzzle "A," he makes ten erroneous moves against five correct ones. In the Construction Puzzle "B," he makes four erroneous moves. In the Aussage Test, he accepts eight suggestions and resists two. This pathological degree of over-suggestibility has frequently come to light in the detailed account of his conflicts with the law. His reputation at the various institutions where he sojourned is uniformly to the effect that he could not adapt himself to anything that was demanded of him, was very changeable in his make-up, and soon tired of any work that was assigned to him. Superficially, on account of his extreme loquaciousness, he gives the impression of being bright. He has shown in the past, evidences of being very fond of music, and has attempted on a number of occasions to learn to play musical instruments. While one cannot under-estimate the constitutional difficulties of make-up involved in this case, it would be very difficult to overlook the great potentialities for misconduct inherent in the vicious environment and contacts under which this boy grew up.

SCHOOL CAREER

Whatever justification there may have been for the indifference displayed toward the many deviations from average normal behavior, which so many of these individuals manifested in their parental homes, surely the failure to appreciate these indications of a pathological state during their contact with the public school cannot be easily condoned. If our study of the adult offender were to demonstrate nothing beyond the extreme evil inherent in an unintelligent handling of these early manifestations of abnormality of behavior, it will have justified the time and labor expended upon it. Granted that there may be many difficulties in the way of adequately administering this problem while the individuals are still under the entire supervision of unintelligent parents, surely no such difficulty should exist in our school machinery.

Perhaps the very significant fact that out of the ninety-eight native-born defectives 80.6 per cent developed into individuals who are strongly inclined to behave in an antisocial manner, may serve to convince our school authorities that the purpose of education reaches beyond the acquisition of the "three R's."

At any rate, from the biologist's point of view, education should have for its object primarily the fitting of the individual for proper living, and in this respect our school system has singularly failed, as far as these cases are concerned. Not that we believe that any large number of these ninety-eight defectives could have been restored to normality, but we do insist that in a great many instances they gave highly suggestive, if not unmistakable, evidence during their school life of being incapable of proper adjustment under ordinary conditions of life, and that some provision should have been made for placing them in a more appropriate environment. The report of the school teacher in the case just quoted, shows that some consciousness of this grave problem which this boy presented was had at that time. Still, nothing was done that might have shaped his future career differently.

Aside from the fact that nine never reached beyond the third grade, that five never reached beyond the fourth grade, and that twelve never reached beyond the fifth grade, many traits came to light which should have been properly evaluated. Thus, backwardness and inability to learn, which necessitated repetition of classes on one or more occasions, was manifested in thirty-four instances; excessive truancy in twenty-one instances; incorrigi-

bility in five; extremely irregular attendance in eight; inability to get along socially in five; extreme dislike for studies in eleven; one case terminated in expulsion, and a number of them had to be transferred to reformatory institutions directly from school. In four instances school attendance was begun after the age of ten had been reached.

If there has been no opportunity thus far to demonstrate clearly the beneficent results of a rational administration of problems of juvenile maladjustment because a rational approach to this problem has been in vogue only during very recent years, the facts brought out in this study ought to emphasize sufficiently the extreme danger involved in an indifferent approach to such problems.

INDUSTRIAL CAREER

The same inefficiency which has characterized these individuals in their school and social contact, is again reflected in their industrial careers. Out of the ninety-eight cases, eighty-two, or 83.7 per cent were unskilled laborers, while sixteen, or 16.3 per cent were skilled; thirty-nine or 39.8 per cent were employed at the time of arrest, while fifty-six, or 57.1 per cent were unemployed. The industrial careers of practically all of them were very irregular and inefficient as far as earning capacity is concerned.

HABITS OF LIFE

Aside from the rather prominent rôle which antisocial behavior has played in the lives of these individuals, other excesses have no doubt contributed to the general lack of efficiency which characterizes all of them. As far as we were able to determine, excessive alcoholism played a conspicuous part in the lives of thirty-one of them; habituation to various forms of drugs, in eight; excessive gambling, in nine; very promiscuous sex activities, in ten; while perverse sex activity was resorted to in two cases. Twenty-one, or 21.4 per cent, showed by laboratory tests indications of syphilitic infection.

In summing up, we would state, that while we do not subscribe to the idea that laboratory diagnosis alone is sufficiently reliable to justify one to classify an individual as defective, our study seems to corroborate to a remarkable degree the findings of the laboratory. It would lead us entirely too far beyond the scope of this report to enter into a more detailed discussion of the tremendous social problem involved in these ninety-eight cases.

Indeed, the problem is sufficiently staggering to justify any radical departure from present procedure which might promise some degree of prevention of the depredations of these individuals. When we turn to the actual state of affairs, we are confronted with a woeful lack of appreciation of the seriousness of this problem on the part of society. We might recall briefly that of the ninety-eight cases, none of whom possesses an intelligence above that of the average American child of twelve years, seventy-nine, or 80.6 per cent, were not mere prisoners, but individuals more or less definitely habituated to behave in an antisocial manner, and although the most frequent age among them is only about twenty-two, the average number per individual of sentences already experienced is three and a half. And yet, before another year passes, eighteen of these cases will have returned again to society; before another two years pass, thirty-eight additional ones will have returned to society, and before a period of five years elapses, out of ninety-eight, eighty-four, or 85.7 per cent will have been returned again to the community. Is it not pertinent to ask the question: Are we justified in expecting any sort of solution of this problem from our present methods of administering it?

THE MENTALLY DISEASED OR DETERIORATED GROUP

Of the 608 cases studied, seventy-three, or 12 per cent, belong to this group, as follows:

Arteriosclerotic deterioration	3
Morphine deterioration	1
Dementia praecox	36
Manic-depressive psychosis	2
Markedly cyclothemic	1
Paranoid state	3
Organic disease of the central nervous system (syphilitic)	13
Alcoholic deterioration	14
	73

RECIDIVISM

Of the seventy-three cases, forty-six, or 63 per cent, were recidivists, as compared with 64.2 per cent in the unclassified group, and 66.8 per cent of the total 608 cases. It will be seen, therefore, that as far as mental disease is concerned, the problem of habitual recourse to antisocial behavior is not an especially significant one as compared with the defective and the psychopath.

One would expect this to be the case when one keeps in mind that not infrequently the offense is merely an incidental occurrence in the life of a mentally-diseased individual.

TYPE OF OFFENSE

	Number	*Per cent*
Crimes of an acquisitive type	51	69.8
Crimes of a sex type	8	11.0
Crimes of a pugnacity type	14	19.2
	73	100.0

Of the sex cases, three were sentenced for rape; three for bigamy and two for sodomy.

Among the crimes of a pugnacity type, five terminated in homicide.

THE ALCOHOLIC GROUP

The type of offense in the alcoholic was as follows:

Crimes of an acquisitive type	9
Crimes of a pugnacity type	4
Crimes of a sex type (bigamy)	1
	14

Recidivism was represented by 100 per cent of the cases.

Hereditary Factors

As far as alcohol in the antecedents is concerned, nine out of the fourteen cases gave a history of the father's having been excessively addicted to the use of alcohol.

Education

The school careers of these fourteen cases were characterized by much deviation in behavior from that of the average normal child; in two cases this having led to expulsion from school. Excessive truancy was manifested in five cases, and backwardness in two.

Economic Status

Of the fourteen, eight were unskilled laborers, while six were skilled; eight were employed at the time of the commission of the crime, five were unemployed, and one case was not ascertained.

In most instances, alcoholic indulgence has continued throughout life. Six of the fourteen were intoxicated at the time of the commission of the crime; one was partially intoxicated, while one

was drinking at the time. It is extremely difficult to estimate the relationship between alcohol and crime. While in many cases no direct relationship between alcoholism and the criminal act can be established, in a not inconsiderable number of cases there is a definite, though indirect, relationship present. Thus, among the defectives, excessive alcoholic indulgence as a more or less fixed habit was present in 31.6 per cent out of ninety-eight cases; while in the psychopaths, 41.7 per cent were addicted to the excessive use of alcohol. In those cases where the relationship is more direct, the rôle that alcohol plays in criminal behavior is indeed very significant, as brief abstracts of the following two cases demonstrate.

Case I This inmate is serving a sentence of five years for burglary. He was born in Brooklyn, New York, in 1870. His father was a chronic alcoholic and the mother was neurotic. The inmate is the second in sequence and spent his infancy and childhood in a tenement house. Nothing unusual is to be noted during this period, except that the parents were perhaps unusually strict with him. He attended parochial school between the ages of seven and sixteen and made normal progress. During this period he was very sociably inclined and liked to mingle freely with the other children. Industrial career progressed normally until about twenty-two years of age when he successfully completed an apprenticeship as stone-cutter. At about this time his father died. His career subsequent to this is characterized by unusually excessive indulgence in alcohol, steady decline in industrial efficiency and persistent recourse to criminal acts as a means of supplying his wants. The first offense occurred at the age of twenty-four, and up to the present when he is forty-six he has served eighteen different sentences, having spent a great portion of this period in penal institutions. Every criminal act had acquisitiveness as its motive, and all were carried out either in a state of intoxication or in close temporal relation to an alcoholic spree. The inmate states that while under the influence of alcohol a sense of freedom from all social restrictions comes over him and he feels free to indulge his acquisitive tendency. An interesting epochal relationship is fixed in his mind in connection with his alcoholic habituation. While he began drinking at nineteen, he was moderate in this habit until twenty-four when, following the death of his father, he became very immoderate, lost, as a result of this, in industrial efficiency, was repeatedly discharged on account of drunkenness and fell victim to an economic dependency which appears to have been back of all his criminal acts. At the age of twenty-nine, there took place a further abandonment and exacerbation of criminal and alcoholic habits, and his first sentence to a state prison took place at thirty. He never married, presumably because he felt he could not support a wife. He is inclined to attribute his addiction to alcohol to what he terms "a too great congeniality with men who made a practice of drinking."

The inmate is prematurely senile, facial expression apathetic, all teeth missing, chest development very poor and breathing shows pathological signs. His hearing is impaired. He shows coarse tremors of tongue, slight Rombergism and

exaggerated reflexes. Wassermann reaction of the blood serum is negative. He is deteriorated intellectually and emotionally.

In a long interview concerning his life career, the inmate agrees willingly enough with the examiner, that the best solution of his problem would be to keep him permanently confined at some industrial farm where he could be kept away from the temptations of alcohol and not be subject to the economic dependency which he feels he cannot overcome on account of his inefficiency.

Case II This is a chronic alcoholic, who, aside from a number of minor offenses, is at present serving his seventh sentence in a state prison, as a result of having attempted to commit a burglary while in a state of intoxication.

He is the son of practically illiterate Irish parents. The father, a chronic alcoholic, was a stevedore by occupation. The mother died at forty from pulmonary tuberculosis. A brother, likewise excessively alcoholic, also died from pulmonary tuberculosis.

The inmate was born in New York City, in 1862. His infancy appears to have been normal and his early childhood was spent in very comfortable economic surroundings and under very religious influences. In later life, he states that "religion became distasteful" to him. At the age of nine, when bent upon one of his mischievous escapades, he fell from a roof and sustained a double compound fracture of the right forearm, causing the loss of that limb. He entered parochial school and very soon developed an aversion to discipline and steady application. His persistent truancy and antisocial tendencies finally caused his expulsion after four or five years. A love for idleness and a restless wandering spirit were early characteristics, as were also deceit and rather uncommon indifference to pain of others. Further attempts at education in the public schools were finally given up at the age of thirteen, and his time subsequent to this was spent in hanging about pool rooms with boys and men. At the age of sixteen he attempted to work, but soon tired of this and returned to loafing. At about nineteen he began to indulge in alcoholics, and soon after was committed to the penitentiary for assault. His career following this is characterized by unusually excessive addiction to alcohol, marked economic inefficiency and persistent recourse to criminal acts, mostly from an acquisitive motive. Several arrests took place for assault. Since the age of nineteen he has served four short penitentiary sentences and is at present serving his seventh sentence in a state prison. He never married. At the age of thirty-three, he was infected with syphilis, and claims that during the year prior to his present arrest, he was not free from alcoholic intoxication for a single day.

He is well developed and well nourished; skin shows marked hyperaemia and capillary dilatation; amputation of the right arm at the elbow joint, heart sounds muffled, slight degree of cardiac hypertrophy, arteries sclerotic, hearing poor, coarse tremors of face, tongue and fingers; deep reflexes exaggerated; Wassermann reaction of the blood serum negative. He is considerably deteriorated intellectually and emotionally.

Notwithstanding the serious problems which these individuals present to society, and the prodigious amount of money which has already been expended in administering these cases thus far, they are again serving sentences with definite limitations, and before five years pass, will again have returned to society.

It is true that cases of this type are not frequent in a state prison, although they are to be more commonly found in penitentiaries, where they are committed for minor offenses; but when we stop to consider the absolute fallacy of merely administering the criminal act, instead of the individual back of the act, in cases of this type, we cannot escape the conviction that our courts seem to see in their work an end in itself, rather than a means toward an end.

THE ARTERIOSCLEROTIC DETERIORATIONS

Of the three cases classified under this head, one committed murder, another rape, and the third was convicted of carrying burglar's tools. The first two cases were never before in conflict with the law, and the crime in each instance was the direct result of the impaired judgment and the emotional instability which went with the arteriosclerotic brain changes.

THE DEMENTIA PRAECOX GROUP

Of the 608 cases, thirty-six, or 5.9 per cent, were diagnosed as dementia praecox. Not in every instance was the disease so pronounced as to require treatment in a hospital for the insane, although the diagnosis in each instance was based not only on the changes in personality which go with this disease, but also on the presence of definite sensory disturbances and delusional formations. Six of the thirty-six cases had been previously under treatment on one or more occasions in hospitals for the insane.

Type of Offense

	Number	*Per cent*
Crimes of an acquisitive type	27	75.0
Crimes of a sex type (sodomy 2)	4	11.1
Pugnacity type	5	13.9
	36	100.0

Of the thirty-six cases, twenty-six were recidivists, while ten were first offenders.

A discussion of the precise relationship to criminal behavior of the mental disease known as dementia praecox would involve a detailed presentation and analysis of the case histories, which is being prepared for a separate study. As far as we are able to judge this relationship at present, it appears that a good many of those who have been habitually resorting to crimes of an acquisitive nature, owed their criminality to an incapacity to compete on equal terms with their fellowmen as a result of the mental dis-

order, and hence resorted to petty crimes as a means of supplying their wants.

The relationship is more pronounced and direct in the sex offender, and in the offender against the person. As compared with the defective and the psychopath, the insane does not present nearly so significant a problem, nor does it mean, as we have already stated, that each case requires treatment in a hospital for the insane. In fact, one of the most beneficial results of the new régime at Sing Sing is just this—that many individuals, who, under the former régime, were frequently guilty of breaches of discipline, owing to their mental disorder, are today able to get along well and keep out of trouble under the more lenient discipline prevailing at this prison.

THE MANIC-DEPRESSIVE GROUP

Of the three cases, including the case of cyclothemia, which are embraced in this group, one had been out of a hospital for the insane only a few days when he was arrested; while another committed the crime during a marked hypomanic state.

THE PARANOID STATES

Of the three cases under this diagnosis, one was guilty of assault; another of rape (a first offender, aged fifty-four), and the third, of extortion. In the case of the assault, the crime was the direct outcome of the mental disorder, while in the case of rape, the arteriosclerotic and senile changes on the basis of which the paranoid condition developed, were directly responsible for the crime.

These three cases which we have diagnosed as paranoid conditions, do not represent, by far, the part that paranoid mental states and attitudes play in criminal behavior. This is especially true in connection with the psychopathic cases, many of whom, in the course of their repeated conflicts with the law, have developed rather marked paranoid attitudes toward organized society—a sort of antisocial grudge—which frequently serves them as a justification for their criminal behavior.

ORGANIC DISEASE OF THE CENTRAL NERVOUS SYSTEM (SYPHILITIC)

In the thirteen cases under this classification, the diagnosis was based on laboratory, as well as clinical, findings. In several instances the condition was very much advanced, and in one instance we were dealing with a paretic.

In nine out of the thirteen cases, or 69.2 per cent, the present constituted the first offense of individuals who never before had shown any tendency to criminal behavior, but who became antisocial as a direct sequence of the pathological condition of the central nervous system. In one instance the crime resulted in manslaughter.

THE MORPHINE DETERIORATION

The one case of morphine deterioration demonstrates very definitely the gradual influence of the habitual ingestion of morphine upon behavior. This man was efficient and capable until, in connection with a protracted attack of empyema, he developed the morphine habit, since which time he has shown a gradual decline in efficiency and earning capacity, and has gradually become recidivistic in crime. In a separate study, the relationship of mental disease and deterioration to crime will be considered in greater detail.

THE PSYCHOPATHIC OR CONSTITUTIONALLY INFERIOR GROUP

Serious as is the problem which the defective delinquent presents to society, it is by no means nearly so serious as is the problem of the psychopath with antisocial tendencies. In dealing with the defective, we at least have a number of rather dependable criteria which enable us to diagnose his condition, and occasionally to get a proper hearing at the hands of those who have to do with the administration of the law. No such dependable criteria are available, as yet, for a diagnosis of psychopathy; at any rate, no well-defined method is at hand, such as would serve to convince the layman that one is dealing with a distinctly abnormal individual.

We shall not enter here into a discussion of the nature of psychopathy, beyond stating that our diagnosis of this condition was based largely upon a study of the life history of the individual, and his mode of reaction to the various environmental influences with which he came in contact. In addition, certain laboratory tests were carried out which aided us in demonstrating the high degree of suggestibility and emotional instability that are so characteristic of the psychopath. As far as the problem of antisocial behavior is concerned, the psychopathic individual certainly deserves much more attention at the hands of society than he has received thus far.

Of the 608 cases, 115, or 18.9 per cent, were diagnosed as psychopathic. Here, again, we shall confine our detailed consideration of this group only to the native born among them, which was represented by ninety-one cases, or, 79.1 per cent of the 115 cases.

RECIDIVISM

Of the ninety-one cases, seventy-nine, or 86.8 per cent, had served one or more previous sentences in penal or reformatory institutions. It will be seen, therefore, that the percentage of recidivism in this group is higher than in any of the other groups, and 20 per cent higher than the recidivism in the entire group of 608 cases studied.

Of the 79 recidivists,

20	are	serving	their	second sentence
18	"	"	"	third "
14	"	"	"	fourth "
11	"	"	"	fifth "
9	"	"	"	sixth "
5	"	"	"	seventh "
1	is	"	his	eighth "
1	"	"	"	tenth "

The average number of sentences per man is 3.9 as compared with 3.5 in the defective.

In view of the fact that it is so difficult to convince the layman, and even the medically trained individual, that one is dealing here with decidedly abnormal people, one might pause a little to consider the seriousness of the problem of the psychopath, even from the point of view of his tendency to antisocial behavior alone. We have occasionally found a tendency on the part of those who have the administration of the law in hand to minimize the factor of psychopathology in crime, and when we had occasion to refer to the fact that 59 per cent of the admissions to Sing Sing were classifiable in terms of deviations from normal mentality, we have always felt the necessity of emphasizing, at the same time, the fact that in 67 per cent of the admissions, one was not dealing merely with prisoners, but with individuals who have shown, throughout life, a tendency to behave in a manner contrary to the accepted standards of present-day society.

We have seen from the preceding that the psychopath has contributed in the largest measure to this highly specialized group of habitually antisocial people, and that for the seventy-nine recid-

ivists in this group the average number of sentences per man is 3.9, although the most frequent chronological age in the 608 cases was only twenty-three years.

TYPE OF OFFENSE

	Number	Per cent
Crimes of an acquisitive nature	66	72.5
Crimes of a pugnacity nature (3 of these resulted in homicide)	19	20.9
Crimes of a sex nature (1 of these was sodomy)	5	5.5
Arson	1	1.1
	91	100.0

HABITS OF LIFE

Aside from their tendency to behave more or less habitually in an antisocial manner, many of the psychopaths have shown other traits which no doubt tended to influence their behavior.

Thus, excessive indulgence in alcohol, as a habit, was found in thirty-eight cases of the ninety-one, or 41.8 per cent; habituation to the use of narcotic drugs in twenty-one, or 23.1 per cent, as follows: opium in six cases, morphine in one, heroin in nine, and cocaine in five cases. Excessive gambling was found in twenty-four cases of the ninety-one, or 26.4 per cent.

HEREDITARY FACTORS

In twenty-nine out of the ninety-one, the heredity was negative, as far as could be determined. In the remaining 62 cases, or 68.1 per cent, the following hereditary factors came to light:

Father excessively alcoholic	22
Father insane	2
Father tubercular	4
Father died from apoplexy	2
Father suffered from cancer	1
Mother alcoholic	3
Mother hysterical	1
Mother very nervous	1
Mother suffering from fainting spells	1
Mother suffering from brain tumor	1
Mother paralytic	1
Mother suffering from cancer	2
Mother suffering from tuberculosis	2
Mother sexually promiscuous	1
Brother paralytic	1
Brother defective	1
Sister tubercular	3

Sister feebleminded	3
Sister deaf-mute	1
Maternal aunt insane	2
Maternal uncle insane	1

EARLY PATHOLOGICAL MANIFESTATIONS

In only twelve of the ninety-one cases no definite evidence of psychopathic traits in early childhood or boyhood came to light. In the remaining seventy-nine cases, or 86.8 per cent, a host of psychopathic traits were manifested during early life, among which might be mentioned:

Convulsions	Nomadism
Somnambulism	Sex perversions
Stuttering	Periodic depressions
Spells of rage	Dizzy spells
Running away from home	Retarded walking and talking
Crying in sleep	Hypersensitiveness
Protracted enuresis	Early alcoholic addiction
Sex precocity	Early criminality.

SCHOOL CAREER

In twenty-one cases out of the ninety-one, the school career appears to have been normal. In the remaining seventy cases, or 76.9 per cent, marked deviations from the behavior of the average child were manifested. Thus, excessive truancy was found in fifty-five cases, and backwardness which led to repetition of grades on one or more occasions, in twenty-two cases. Lack of interest, dislike of discipline, revolt against school authority, general trouble making, extreme mischievousness are further characteristics manifested during school life. Some of them were expelled from school and others were transferred directly to reformatory institutions.

Here, too, it may not be amiss to refer to the lack of interest displayed by the school authorities in early evidences of deviations from average normal behavior. It is true that in the case of the psychopath, a diagnosis is not so easily made as in the case of the intellectually defective, but it is just for this reason that we must avoid falling into the error of trying to define all deviations from normal behavior by psychometric methods. It is a well-known fact that although the psychopath may also show evidences of retarded intellectual development, he need not do so, and actually does not in many cases, and to diagnose as normal any one of these psychopaths whom we have been considering,

because he reaches the required intellectual standard according to psychometric methods, is not only unscientific, but dangerously misleading. There is great need for a more dependable definition of the psychopathic individual, or constitutionally inferior, especially of those with inherent antisocial tendencies. No phase of research work in a penal institution would be more productive of results than the study of the psychopath.

SEX HABITS

In contemplating the life histories of these ninety-one individuals, one is struck very forcibly with the unusual lack of all conception of sex morality. Thus in eight instances, repeated recourse to perverse sex activities was manifested in individuals who did not seem to be biologically sexually inverted, since their promiscuity in sex activities was as extensive among the opposite sex as among their own sex, and the perversions were in several instances polymorphous in type. Markedly promiscuous sex activity was manifested in thirty-one instances. In fourteen out of the ninety-one cases, laboratory evidence of syphilitic infection was found.

THE INDUSTRIAL CAREER

Of these cases sixty-one were unskilled laborers, and in thirty instances, three or more changes in type of occupation were made during the industrial career. At the time of arrest thirty-six were unemployed. The industrial career in practically all of them was extremely irregular and inefficient, without goal or object of any kind in view.

In contemplating the foregoing facts, one cannot escape the conviction that the psychopath with antisocial tendencies is by far the most dangerous individual with whom we have to deal, and one would expect that society would exercise an unusual degree of effort in its attempt to solve the problem which he presents. We find, however, that here, too, there seems to be a total lack of appreciation of the gravity of the situation. Thus, before another year elapses, twenty-three of these cases will have returned to society; before two years pass, twenty-one more will leave the prison, and before five years pass, thirty-one additional cases will find their way back to their former haunts. In other words, before five years elapse, seventy-five out of the ninety-one cases, or 82.4 per cent, will have been returned to the community and will be at the point at which they were prior to their last conviction.

THE FOREIGN GROUP

Of the 608 cases studied out of 683 consecutive admissions to Sing Sing, between August 1, 1916, and April 30, 1917, 213, or 35.03 per cent, were foreign born, as follows:

	Number	*Per cent*
Italy (Practically all came from Southern Italy)	68	31.9
Russia (40 of whom were Russian Hebrews)	58	27.2
Germany	25	11.7
Austria-Hungary	18	8.4
Ireland	6	2.8
British West Indies	5	2.3
Greece	4	1.9
Canada	4	1.9
Roumania	4	1.9
England	3	1.4
Cuba	2	0.9
France	2	0.9
Denmark	2	0.9
Holland	2	0.9
Mexico	1	0.5
Porto Rico	1	0.5
Brazil	1	0.5
Scotland	1	0.5
Turkey	1	0.5
Switzerland	1	0.5
Norway	1	0.5
Sweden	1	0.5
China	1	0.5
Finland	1	0.5
	213	100.0

It will be seen that Italy and Russia furnish by far the most significant share of the foreign population in these 213 cases. At the same time, it must not be lost sight of that the Italians and Russians constitute unquestionably the bulk of the foreign population in the Metropolitan district. A detailed consideration of the facts elicited in connection with each group will be given later. For the present, however, two factors which may be applied generally to the entire group of foreigners might be mentioned.

AGE AT COMMITMENT

The age at commitment ranges between sixteen and sixty-four, the most common age being twenty-seven. The most frequent age in 1,000 consecutive admissions, irrespective of race, was twenty-

four. Compared with 395 native-born inmates in this series of 608 cases, we find the ages here ranging between sixteen and sixty-eight, the most frequent age being twenty-two. It would appear, therefore, that the average foreigner shows a tendency to get into a state prison at a later age than does the average native born, notwithstanding the fact that many of these foreigners came to the United States at a rather early age, the most frequent age of arrival in the 213 cases being fifteen.

RECIDIVISM

Of more interest, is the comparison of the frequency of recidivism between the foreign born and the native born. Here we find that whereas the percentage of recidivism among the native born of these 608 cases was 75.9 per cent, in the foreign born it was only 49.8 per cent, or 106 out of 213 cases. Intimate study of the individual foreign-born inmate bears out the contention that in a far greater number of instances one is dealing with the so-called "accidental offender," adverse social and economic conditions frequently adding to the chances of committing an offense.

It might not be out of place to mention the further significant fact that, whereas, the foreign population among the 608 cases constitutes but 35.03 per cent of the total, according to an estimate made for us by the Federal Census Bureau, the number of foreign-born male adults over sixteen years of age (1,223,311) in the area from which Sing Sing receives its prisoners is greater than is the native population of male adults of the same age (1,119,776).

THE ITALIAN GROUP

Practically all of the sixty-eight cases belonging to this group came from Southern Italy, and in forty-three, or 63.2 per cent, a classification in terms of mental anomalies was possible, as follows:

Dementia praecox	1
Organic disease of the central nervous system	2
Psychopathic	7
Defective	33
	43

In estimating the intelligence in all the foreign-born prisoners studied, the factors of education, the length of residence in the United States, the age at arrival, and the language factor in-

volved in the intelligence scale were taken into consideration. The measuring scale employed by us was the Yerkes-Bridges Point Scale, and, in a considerable number of cases, in addition, the Terman Revision of the Binet-Simon Scale and some of the Healy Construction Tests.

Under the "Unclassified" column were placed all cases in whom no evidence of distinct mental defect or deviation could be discovered. Special norms were used in grading these cases, in accordance with the Yerkes-Bridges Scale, that is, they were credited with two years in addition to the score of the actual performance. Of the thirty-three defectives, twenty-one showed a degree of intelligence commensurate with that of the average normal American child of ten years or under; while in no instance did they reach an intelligence beyond that shown by the average normal American child of twelve years of age.

While the proportion of recidivists in the entire group was twenty-two out of sixty-eight, or 32.4 per cent, of the forty-three classified mentally, it was twelve out of forty-three, or 27.9 per cent. This rather high percentage of mental deviations, and particularly the very low level of intelligence manifested by these individuals, emphasizes strongly again the necessity of proper procedure in admitting immigrants to the United States.

The author was stationed at Ellis Island during 1913, and, according to a study made at that time, the average time allowed for the examination of an immigrant was something like nine seconds. Obviously it is out of the question to expect to detect the undesirable immigrant with so brief a period of time allowed for the examination. Be it said to the credit of the United States Public Health Service, that considerable progress in this particular phase of its work has been made in the last few years.

Naturalization and Americanization

It is astounding, indeed, that notwithstanding the fact that the length of sojourn in the United States in these sixty-eight cases varied all of the way from one to thirty-six years, and that forty-four out of the sixty-eight have been in the United States ten years, or over, the degree of acquisition of the English language is very insignificant, so much so that in many instances no examination could be carried out without the aid of an interpreter. This, of course, must be explained by the tendency which the Italians manifest of herding together in certain districts where the Italian language is practically the only medium of

expression. At the same time, one cannot escape the conviction that if the various social agencies which come in contact with these groups in time of need or stress had made a greater effort to introduce the English language into these communities, a great deal of social maladjustment might have been prevented.

Although sixty of the sixty-eight Italians were eligible by age and length of sojourn in the United States to citizenship, only four had become naturalized, and only eight had signified their intention of becoming citizens. This finding is quite in line with the transitory nature of the Italians' sojourn in the United States. Many of them, although here for many years, leave their families in Italy with the hope that some day they will have accumulated sufficient funds to return and resume their life in an Italian village. Of the sixty-eight, sixteen were under fourteen years of age at the time of immigrating to the United States, and could have benefited to a considerable extent from our public school system. Seven of the sixty-eight have been here less than five years, and under the provision embodied in the new Immigration Law recently passed by Congress could be deported to Italy.

Education

Of the sixty-eight, twenty-five, or 36.8 per cent, were illiterate. Of the remainder:

2 attended school for only a few months
4 " " " about 1 year
7 " " " " 2 years
4 " " " " 3 "
6 " " " " 4 "
4 " " " " 5 "
2 " " " " 6 "
3 " " " " 7 "
1 " " " " 8 "
3 " " " " 9 "
2 " " " " 10 "
1 " " " " 13 "
2 graduated from common school
1 " " high school
1 no information

The extremely high percentage of illiteracy and the very meagre education of those who did attend school, undoubtedly accounts, in a measure, for the general low level of intelligence as disclosed by the intelligence tests.

It is problematical to just what extent the new Immigration Law will tend to eliminate Italians from our prisons, but it can-

not be doubted that the higher standard of education which immigrants from foreign countries like Italy and Russia will have to acquire as a result of this law, will affect materially the volume of crime among the foreign population of our large cities. The process of socialization and acquaintance with American customs and ideals will likewise be more assured as a result of this, and one of the desirable consequences of this socialization will eventually be a reduction in the volume of crime.

Economic Status

A detailed and useful estimation of the economic factor involved in the problem which these sixty-eight Italians present would necessitate a much more thorough and dependable field investigation than we were able to carry out. Such facts, however, as were elicited, are believed to be reliable.

Of the sixty-eight, thirty-four, or 50 per cent, were skilled mechanics; thirty-two, or 47.1 per cent were unskilled laborers, and in two instances, no reliable information could be had.

Fifty-three out of the sixty-eight, or 77.9 per cent, were employed at the time of the commission of the crime, while twelve, or 17.6 per cent, were unemployed when arrested. In three instances, no reliable information could be had.

The correlation between the comparatively low percentage of recidivism in this group, the lowest in all the foreign groups, and the very high percentage of those who were employed at the time of arrest—fifty-three out of sixty-eight, or over 77 per cent—is significant in illustrating the possible factor of unemployment and idleness in crime. In the group which showed the highest amount of recidivism—68 per cent—only 52 per cent were employed, in spite of the fact that in this group only three out of the twenty-five were unskilled.

Type of Offense

Crimes having their impulse in the instinct of pugnacity. These crimes, of course, embrace all offenses against the person, exclusive of sex offenses (In 4 instances the assault led to homicide)	31
Crimes having their impulse in the instinct of sex.. (1 of these was the raping of own daughter)	9
Crimes having their impulse in an abnormal sex instinct (Sodomy)	4
Crimes having their impulse in the acquisitive instinct	24
	68

It is interesting to note the particular forms which the expression of this latter instinct takes in the Italian, as illustrated by the following:

Selling of cocaine was resorted to in two instances.
Compulsory prostitution resorted to in two instances.
Kidnapping resorted to in two instances.
Extortion resorted to in one instance.
Arson resorted to in one instance.
Dynamiting resorted to in one instance.

The end in all these types of crime was the same, namely, the gain of money.

It will be seen, therefore, that crimes against the person, other than sex, which derived their impulse from the instinct of pugnacity, constituted the largest proportion, namely, 45.6 per cent of all offenses. Another significant fact is that four of the sixty-eight, or 5.9 per cent, were found guilty of sodomy.

To sum up then, of the 608 cases studied, out of 683 admitted to Sing Sing between August 1, 1916, and April 30, 1917, inclusive, sixty-eight, or 11.2 per cent were Italians, most of whom came from Southern Italy. The level of intelligence of these sixty-eight cases was very low; twenty-one, or 30.9 per cent of them, showed an intelligence under ten years of age, and twenty-five, or 36.8 per cent of them, were illiterate. Only four out of the sixty eligible for citizenship became citizens, and only eight had declared their intention of becoming citizens. The economic level of the sixty-eight was only fair; 47.1 per cent were unskilled laborers, and the most frequent crimes to which they resorted were crimes against the person—45.6 per cent. In forty-three cases out of the sixty-eight, or 63.2 per cent, a classification in terms of deviation from average normal mental health was possible.

THE RUSSIAN GROUP

Of the 213 foreigners, fifty-eight, or 27.2 per cent, came from Russia. This constitutes 9.5 per cent of the total 608 studied. Of the fifty-eight Russian immigrants, thirty-one, or 53.4 per cent, were classifiable in terms of anomalous mental states, as follows:

Arteriosclerotic deterioration	1
Organic disease of the central nervous system (Syphilitic)	1
Paranoid state	1
Dementia praecox	1
Psychopathic	6
Intellectually defective	21
	31

Of the defective group, twelve possessed an intelligence equivalent to that of the average normal American child of ten years or under, while in no instance did the degree of intelligence reach beyond that of the average American child of twelve.

Compared with the Italian group, this group shows a considerably lower percentage of mentally classifiable cases—53.4 per cent as against 63.2 per cent, while, at the same time, it shows almost double the percentage of recidivism.

The percentage of recidivism in this group was 60.3 per cent as compared with only 49.8 per cent in the entire group of immigrants, and 32.4 per cent in the Italians. This decidedly high percentage of recidivism in this group, as compared with the Italian group, becomes still further illuminated when we consider the type of offenses manifested. One can hardly escape the conviction that there seems to be a very decided tendency for certain races to show a definite selectiveness in their expression of antisocial tendencies. It would be far beyond the scope of this report to enter into a detailed discussion of the possible factors of constitutional make-up and environment that may influence this selectiveness. We have seen that with the Italians, crimes which have their impulse in the instinct of pugnacity, were the most frequent ones. It would not be fair to attribute this solely to the well-known nervous instability and impulsiveness which is common among the Italians, especially those from Southern Italy. It would seem that the low grade of intelligence and extremely limited degree of education deprive these people of many outlets for the solution of their grievances, which the educated and more intelligent person may have at his disposal, and, in consequence, they show a tendency to settle their difficulties in a crude and most natural way, namely, physical combat. As we shall see below, the most frequent crime in the Russian group, which, by the way, contains 68.9 per cent of Hebrews (of the entire group), were crimes which had their impulse in the instinct of acquisitiveness. It is well known that the conditions under which the Russian Hebrews are obliged to live in Russia, make their struggle for existence an extremely keen one. Is it not likely that the prevalence of this type of crime among them may be looked upon in part as a compensatory expression of an instinct which had found but a meager outlet heretofore?

Naturalization and Americanization

Of the fifty-eight, forty-eight were eligible for citizenship, because of age and length of sojourn in the United States. Of these, ten had become citizens, and six had signified their intention of becoming such.

It will be seen, therefore, that compared with the Italian, the Russian shows a more pronounced tendency to permanency of residence in the United States and to Americanization. Of the fifty-eight, thirty-one were under sixteen years of age at the time of arrival in the United States. The length of sojourn in the United States, at the time of admission to Sing Sing, ranged all of the way from less than one year to thirty-five years. Thirteen of the cases have been here less than five years, and come under the provision of the new Immigration Law for the deportation of alien criminals.

Education

Of the fifty-eight cases, fourteen, or 24.1 per cent, were illiterate, as compared with 36.8 per cent in the Italians. Of those who attended school:

2 could read and write
2 attended school for 1 year
9 " " " 2 years
1 " " " 3 "
7 " " " 4 "
4 " " " 5 "
6 " " " 6 "
3 " " " 7 "
4 " " " 8 "
2 " " " 9 "
1 " " " 10 "
1 " " " 12 "
2 were graduated from public school

Economic Status

Of the fifty-eight, thirty-three were skilled and twenty-one unskilled, and in four instances this point was not ascertained. Twenty-seven were employed at the time of the crime and the same number were unemployed. No information could be had in regard to the employment or unemployment of the remaining four cases.

Again, there seems to be a significant correlation between percentage of recidivism and percentage of unemployment, although 56.8 per cent were skilled mechanics.

Habits

Here, too, one doubts the justifiability of even touching upon this factor, since we feel that our field investigations were not sufficiently thorough or complete, but in seven instances of the fifty-eight, drinking or a state of intoxication at the time of the crime was brought to light. It is significant that in four out of these seven cases, the crimes were either sex or assault. On the other hand, gambling to an unusual degree was manifested as a pernicious habit in ten cases out of the fifty-eight. In nine instances, the offense in these cases had acquisitiveness as its motive. It is not at all unlikely that this pernicious habit leads in some instances to a criminal career of an acquisitive type.

Type of Offense

Crimes having their impulse in the instinct of acquisitiveness	44
Crimes having their impulse in the instinct of pugnacity	11
Crimes having their impulse in the instinct of sex	3
	58

Thus it will be seen that in 75.9 per cent of the cases, the crime had acquisitiveness as its goal, the means employed in most instances being the ordinary crimes of burglary, grand larceny (chiefly in the form of pocket-picking) and robbery. Compulsory prostitution was resorted to in two instances and bigamy was a sex offense in two instances.

To summarize, we find that of the 213 cases of foreigners, 27.2 per cent came from Russia 68.9 per cent of whom were of Jewish stock; the entire group constituting 9.5 per cent of the 608 cases studied. The level of intelligence of these fifty-eight cases was somewhat higher than the intelligence of the Italian group. At the same time, the percentage of recidivism was almost double that exhibited by the Italians. The predominating type of offense was of an acquisitive nature, and gambling was a rather frequent habituation. The tendency to become permanently Americanized and naturalized as citizens was considerably higher than in the Italian group. The percentage of illiteracy was considerably lower, and in 53.4 per cent of the cases, as against 63.2 per cent of the Italians, a classification in terms of deviations from normal mentality was possible. With the increase in the percentage of recidivism, there also was found a more or less cor-

responding increase in the percentage of unemployment and idleness at the time of arrest.

THE GERMAN GROUP

Of the 213 cases, twenty-five, or 11.7 per cent, were immigrants from Germany, and of the twenty-five Germans, only eight, or thirty-two per cent, were classifiable in terms of deviations from normal mentality, as follows:

Psychopathic	3
Alcoholic deterioration	2
Dementia praecox	1
Organic disease of the central nervous system	1
Defective	1
	8

On the other hand, recidivism was represented by sixty-eight per cent (in seventeen cases out of the twenty-five). It is also significant in this group that notwithstanding the large percentage of recidivism, the education of the group was considerably higher as compared with the rest of the immigrant population.

Were it not for the fact that we are dealing here with only twenty-five cases, and that one does not feel justified in drawing any general conclusions, one might be tempted to doubt the influence of illiteracy and lack of culture as well as of mental deviation upon the volume of crime. This group of twenty-five which shows, on the one hand, the lowest percentage of psychopathologically classifiable cases, yet, on the other hand, represents, perhaps, the group of highest culture, shows at the same time, the highest percentage of recidivism of all the foreigners, namely, sixty-eight per cent. Findings such as these certainly impress one very strongly with the conviction that outside of the factors of mental equipment and mental health, there is something else which may have a determining influence upon the social behavior of an individual. Is it possible that since emigration from Germany has been practically nil in the past decade or so, that only a selected class come to the United States from Germany—a class, perhaps, showing a special tendency to antisocial behavior?

Naturalization and Americanization

Of the eighteen out of the twenty-five who were eligible for citizenship, seven had become naturalized, and one had declared his intention of becoming a citizen. Only two were under sixteen years of age upon arrival here. The length of sojourn of the

twenty-five was between two and twenty-eight years; twelve had resided in the United States ten years, or more, and four had resided in the United States less than five years and are deportable under the new Immigration Law.

Education

Of the 25,

1 attended school for 7 years
9 " " " 8 "
1 " " " 10 "
1 " " " 12 "
6 were graduated from public school
7 attended high school.

Economic Status

Of the twenty-five, twenty-one were skilled and four unskilled. Thirteen were employed at the time of the crime, and twelve were unemployed.

Habits

Four of the twenty-five were drinking, or in an intoxicated state at the time of the commission of the crime.

Type of Offense

Crimes having their impulse in the instinct of acquisitiveness	20
Crimes having their impulse in the instinct of pugnacity	4
Crimes having their impulse in the instinct of sex	1
	25

Thus briefly summarized, this group which was represented by 11.7 per cent of the total immigrant population, showed the highest level of education, the lowest percentage of psychopathologically classifiable cases, and, at the same time, the highest percentage of recidivism of all the immigrant groups. Like the Russian group, whose intelligence was considerably higher than that of the Italian group, the German showed a predominant tendency to crimes of an acquisitive nature.

THE AUSTRIAN GROUP

Of the eighteen Austrians, who constituted 3 per cent of the total 608 cases studied, and 8.5 per cent of the 213 immigrants, thirteen, or 72.2 per cent, were classifiable in terms of deviations from normal average mentality as follows:

Dementia praecox	4
Psychopathic	2
Intellectually defective	7
	13

Of the seven defectives, four showed a mental age of under ten years, while none reached beyond the age of twelve. One was a case of imbecility showing a mentality equivalent to that of an average American child of six and five-sixths years. This group showed the highest percentage of mental deviations, and 22.2 per cent of distinct mental disease. Ten out of the eighteen were recidivists, or 55.5 per cent.

Naturalization and Americanization

Of the sixteen cases eligible, by reason of age and length of sojourn in the United States, for citizenship, three were naturalized, and five had declared their intention of becoming citizens. Six were under sixteen years of age upon arrival in the United States. The length of sojourn in the United States was between three and twenty-six years. In five instances the length of sojourn was under five years, and these would have come within the provisions of the new Immigration Law for the deportation of criminals.

Education

Of the 18,

2 were illiterate
2 attended school for 1 year
2 " " " 3 years
4 " " " 4 "
1 " " " 6 "
1 " " " 7 "
3 " " " 8 "
1 was graduated from public school
2 were " " high school.

Economic Status

Of the eighteen, ten were skilled and eight were unskilled. Twelve were employed at the time of the crime and six were unemployed.

Type of Offense

Crimes having their impulse in the instinct of acquisitiveness	13
Crimes having their impulse in the instinct of pugnacity	2
Crimes having their impulse in the instinct of sex	2
Abandonment	1
	18

This group, which only comprises eighteen individuals, is made up of a number of races, and no general conclusions concerning it are justifiable.

THE MISCELLANEOUS GROUP

Of the remaining forty-four cases, no single nationality is represented by a sufficiently large number to justify a separate consideration. Of the forty-four cases, twenty-nine, or 65.9 per cent, were classifiable in terms of deviations from normal mentality, as follows:

Dementia praecox		3
Arteriosclerotic deterioration		1
Organic disease of the central nervous system (Syphilitic)		3
Alcoholic deterioration		
Ireland	2	
Canada	1	
France	1	4
Psychopathic		6
Defective		12
		29

Naturalization and Americanization

Of the thirty-six cases eligible for citizenship, thirteen had become citizens, and two had signified their intention of becoming citizens. Nineteen arrived in the United States under sixteen years of age, and the length of residence was between one and forty-four years. Twenty-six were in the United States ten years or over. Six were in the United States less than five years and are deportable under the new Immigration Law.

Of the forty-four cases, twenty-two, or 50 per cent, were recidivists, and twenty-two, or 50 per cent, were first offenders.

Education

Of the 44,

4, or 9 per cent, were illiterate
1 could read and write
1 attended school less than 1 year
2 " " for 1 "
2 " " " 2 years
4 " " " 3 "
2 " " " 4 "
3 " " " 5 "
2 " " " 6 "
1 " " " 7 "
6 " " " 8 "
5 " " " 9 "
1 " " " 10 "
1 " " " 12 "
1 " " " 13 "
4 were graduated from public school
3 " " high school.

Economic Status

Of the forty-four, twenty-three were skilled and twenty-one unskilled. Twenty-five were employed at the time of the crime and nineteen were unemployed.

Type of Offense

Crimes having their impulse in the instinct of acquisitiveness		26
Crimes having their impulse in the instinct of pugnacity		9
Crimes having their impulse in the instinct of sex:		
Rape	3	
Sodomy	1	
Incest	1	
Abduction	1	
Bigamy	1	7
Abandonment of children		2
		44

In this group, too, owing to the very small number of individuals represented by any given nationality, no general conclusions are justifiable.

GENERAL CONCLUSIONS

The conclusions which one might be justified in drawing from a study of the immigrant population among 608 cases of adult

male felons out of 683 admissions to Sing Sing prison between August 1, 1916, and April 30, 1917, inclusive, are as follows:

1. Out of the 608 cases, 213, or 35.03 per cent, were foreign born, and of these 11.01 per cent came from Italy, and 9.5 per cent came from Russia. According to estimates of the Bureau of the Census, of the Department of Commerce, the number of foreign-born adults of over sixteen years of age was 103,535 or 72.2 per cent more than the native born in the counties from which Sing Sing receives its prisoners.

2. Of the 213 cases, 124, or 58.2 per cent, were classifiable in terms of deviation from average normal mentality. This point becomes especially significant when one remembers that the majority of these cases were excludable, according to law, at the time of their arrival in the United States.

In the face of figures of this nature, the statement made by a surgeon of the United States Public Health Service, that during the rush immigration in the year 1913, the average time allowed per immigrant for examination was nine seconds, assumes a sinister quality. The author was stationed during that year at Ellis Island and can fully corroborate the lack of facility and provision for the proper examination of immigrants, especially during the rush season.

3. It would appear from our figures that the immigrant is less likely to commit crime than is the native born. While the foreign born constituted but 35.03 per cent of the total, the foreign population in general is higher than is the native population in the counties from which Sing Sing derives its prisoners. Furthermore, the foreign born showed only 49.8 per cent of recidivists as compared with 75.9 per cent in the natives.

4. The study would indicate that the immigrants showing a higher level of intelligence, likewise manifest a predominant tendency to crimes of an acquisitive nature; while those whose intelligence is on a lower level, are most frequently guilty of crimes against the person, and sex crimes.

5. Under the new Immigration Law, forty-four of the 213 would have been excluded on account of illiteracy, and thirty-five others on account of having come in conflict with the law within five years after arrival in the United States.

6. There seems to be a certain correlation between the degree of recidivism in a given group and the extent of unemployment at the time of the commission of the crime.

7. There does not seem to be any definite correlation between the degree of psychopathologically classifiable cases and the degree of recidivism so far as the immigrant groups are concerned.

8. Only a very slight tendency was manifested to naturalization. Out of the 178 eligible for citizenship, or 88.6 per cent of the entire foreign group, only twenty-seven, or 12.7 per cent of the group, had become naturalized, and twenty-two, or 10.3 per cent, had declared their intention of becoming citizens.

Several tables follow showing the relationship of certain facts among the several immigrant groups. These tables were prepared by Miss Claghorn, of the New York School of Philanthropy.

TYPE OF OFFENDERS

	ITALY		RUSSIA		GERMANY		AUSTRIA HUNGARY		MISCELLANEOUS		TOTAL	
	Number	*Per cent*	*Number*	*Per cent*	*Number*	*Per cent*	*Number*	*Per cent*	*Number*	*Per cent*	*Number*	*Per cent*
First offenders	46	67.6	23	39.7	8	32.0	8	44.4	22	50.0	107	50.2
Recidivists	22	32.4	35	60.3	17	68.0	10	55.6	22	50.0	106	49.8
	68	100.0	58	100.0	25	100.0	18	100.0	44	100.0	213	100.0

COMPARISON BETWEEN FOREIGN AND NATIVE BORN

	FOREIGN		NATIVE		TOTAL	
	Number	*Per cent*	*Number*	*Per cent*	*Number*	*Per cent*
First offenders	107	50.2	95	24.1	202	33.2
Recidivists	106	49.8	300	75.9	406	66.8
	213	100.0	395	100.0	608	100.0

PSYCHOPATHOLOGICAL CLASSIFICATION

	ITALY	RUSSIA	GERMANY	AUSTRIA HUNGARY	MISCELLANEOUS	TOTAL
Dementia praecox	1	1	1	4	3	10
Organic disease of the central nervous system	2	1	1	..	3	7
Psychopathic	7	6	3	2	6	24
Defective	33	21	1	7	12	74
Arteriosclerotic deterioration	..	1	..	..	1	2
Paranoid state	..	1	..	..	..	1
Alcoholic deterioration	..	..	2	..	4	6
Unclassified	25	27	17	5	15	89
	68	58	25	18	44	213

NATURALIZATION AND AMERICANIZATION

	ITALY	RUSSIA	GERMANY	AUSTRIA HUNGARY	MISCELLANEOUS
Years in United States	1 to 36	1 to 35	2 to 28	3 to 26	1 to 44
In United States 10 yrs., or more	44	..	12	..	26
In United States 5 yrs., or less	7	13	4	5	6
Under 16 on arrival	..	31	2	6	19
Under 14 on arrival	16	..	..	..	..
Eligible for citizenship	60	48	18	16	36
Became citizens	4	10	7	3	13
Signified intentions of becoming citizens	8	6	1	5	2

EDUCATION

	ITALY	RUSSIA	GERMANY	AUSTRIA HUNGARY	MISCELLANEOUS	TOTAL
Illiterates	25	14	..	2	4	45
Can read and write	..	2	..	..	1	3
School for only few months	2	..	..	..	1	3
About 1 year	4	2	..	2	2	10
2 years	7	9	..	..	3	19
3 "	4	1	..	2	4	11
4 "	6	7	..	4	2	19
5 "	4	4	..	..	3	11
6 "	2	6	..	1	2	11
7 "	3	3	1	1	1	9
8 "	1	4	9	3	6	23
9 "	3	2	..	..	5	10
10 "	2	1	1	..	1	5
12 "	..	1	1	..	1	3
13 "	1	..	..	..	1	2
Graduate public school	2	2	6	1	4	15
Graduate high school	1	..	7	2	3	13
No information	1	..	..	..	..	1
	68	58	25	18	44	213

ECONOMIC STATUS

	ITALY	RUSSIA	GERMANY	AUSTRIA HUNGARY	MISCELLANEOUS	TOTAL
Skilled mechanics	34	33	21	10	23	121
Unskilled mechanics	32	21	4	8	21	86
No information	2	4	..	..	..	6
Employed at time of crime	53	27	13	12	25	130
Unemployed at time of crime	12	27	12	6	19	76
No information	3	4	..	..	..	7

TYPE OF OFFENSES

	ITALY	RUSSIA	GERMANY	AUSTRIA HUNGARY	MISCELLANEOUS	TOTAL
Pugnacity	31	11	4	2	9	57
Sex	9	3	1	2	7	22
Abnormal sex	4	..	..	..	..	4
Acquisitiveness	24	44	20	13	26	127
Parental abandonment	..	..	..	1	2	3
	68	58	25	18	44	213

THE ACTIVITIES OF THE CLINIC

Soon after the establishment of the clinic, it became apparent that if this new departure in criminology was to justify its existence, the clinic must be more than a diagnostic agency. After all, very little actual benefit and constructive work can be hoped for as a result of the contact of psychiatry with the problems of criminology, unless the facts elicited by the psychiatrist are utilized in connection with whatever endeavor the penal institution puts forth for the reconstruction of the individual prisoner.

The clinic has for its primary aim the delineation, if possible, of the debits in the individual prisoner's make-up which might have been responsible for bringing him into conflict with the law. But it should also aim to outline whatever desirable qualities the individual prisoner may possess, the cultivation of which might aid in keeping him from returning to prison. In other words, in addition to outlining the debits, it should outline the type of credit, the cultivation or development of which will tend to balance the debit side in the individual's make-up. It is obvious, therefore, that in order to succeed in this, the activities of the clinic must be supplemented by a proper background in the penal institution, and in a state like New York, by the entire Prison Department. For this reason we have felt the necessity of outlining a tentative plan for the administration of the prison situation of the state, as far as it relates to the problem of the individual prisoner. It is very gratifying to be able to report that the Governor's Commission on New Prisons has accepted our plan and that the Governor has expressed himself publicly as being in favor of it. The fact that the Superintendent of Prisons has requested a continuation of the clinic, expresses the attitude of the Prison Department toward this plan.

The plan contemplates the erection on the present site of Sing Sing of a new prison which is to serve primarily, if not exclusively, as the classification and research station for the entire prison system of the state. The ultimate relation which this prison is to bear to the other prisons of the state is to be in many ways similar to the relation which the Psychiatric Institute at Ward's Island bears to the state hospitals.

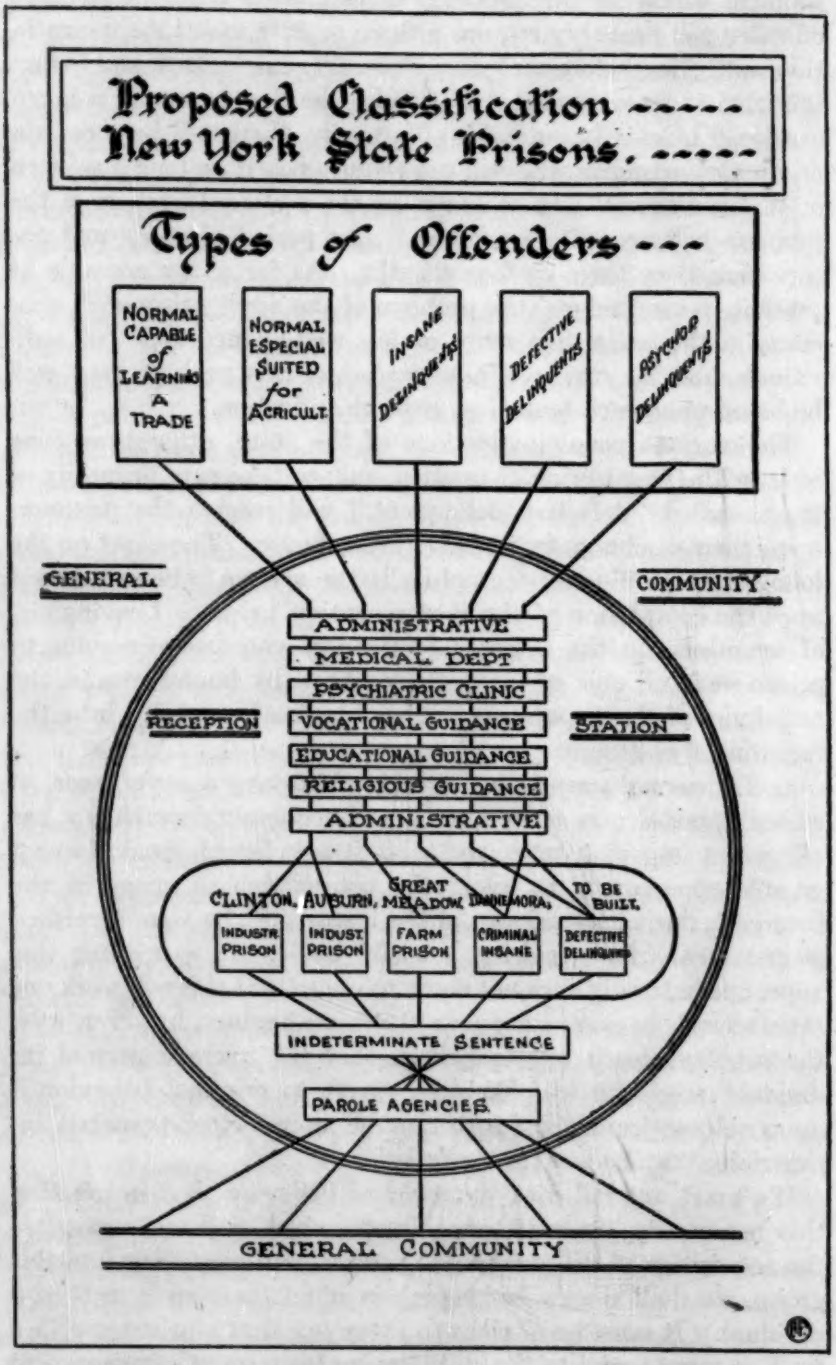
It is intended that every state prisoner should be admitted to this institution first, to be kept under close observation and study, and under intensive vocational training for such period of time as will be necessary to enable the administration to define clearly the

problem which he presents. It is estimated that the average offender will probably require a three or four months' sojourn in this institution before such clear definition can be had, and before the kind of training that will promise the best results in a given case may be clearly outlined. Naturally, there will be a certain number of prisoners who will not require nearly so long a sojourn in this institution, and others in whom a clear definition of the problem will necessitate a much longer period of study and observation than three or four months. As far as we are able at present to comprehend the problem of the adult prisoner, it concerns in the main, five more or less well-defined types of individuals, and the state's administration of this problem may well be based upon such tentative, gross classification.

The various penal institutions of the state, other than Sing Sing, with the addition of another unit to take care primarily of the so-called "defective delinquent," will receive the prisoners upon their discharge from the clearing house. The chart on the following page illustrates graphically the scheme to be carried out upon the completion of the new reception prison. Leaving out of consideration the accidental offender, who, before coming to prison was well able to earn his livelihood by honest means, the remainder of the population will divide itself generally into the following five groups:

1. *The normal young adult capable of learning a useful trade*, in whose criminal career the question of economic dependency has played an important rôle, and who, it is believed, would have a greater opportunity to avoid the commission of crime in the future, if, during his sojourn in the institution, he were furnished proper means for acquiring a useful trade. In expressing this hope, one naturally does not mean to imply that this will work out satisfactorily in every instance. Intimate contact, however, with the problem, leads one to believe that the average normal individual would be less likely to revert to criminal behavior if upon release from the institution he were better prepared industrially than he was upon admission.

We must not fall into the error of believing that in creating this necessarily expensive machinery, which will make possible the acquisition of a useful trade by every prisoner falling into this group, we shall simply be keeping in mind the benefit to the individual. It must be obvious to every one that a prisoner with a trade is more useful to the state during his term of imprisonment


Proposed Classification ----- New York State Prisons. -----
Types of Offenders ---
NORMAL CAPABLE of LEARNING A TRADE
NORMAL ESPECIAL SUITED for AGRICULT.
INSANE DELINQUENTS
DEFECTIVE DELINQUENTS
PSYCHOID DELINQUENTS
GENERAL
COMMUNITY
ADMINISTRATIVE
MEDICAL DEPT
PSYCHIATRIC CLINIC
RECEPTION
VOCATIONAL GUIDANCE
STATION
EDUCATIONAL GUIDANCE
RELIGIOUS GUIDANCE
ADMINISTRATIVE
GREAT MEADOW
TO BE BUILT.
CLINTON. AUBURN. DANNEMORA.
INDUSTR PRISON
INDUST PRISON
FARM PRISON
CRIMINAL INSANE
DEFECTIVE DELINQUENT
INDETERMINATE SENTENCE
PAROLE AGENCIES
GENERAL COMMUNITY

than one without a trade, and that in reducing the chance of recidivism in such individual, the benefit to the state itself is much greater than the benefit to the individual concerned.

2. *The normal prisoner of more advanced age*, who, at the time of coming to prison is beyond his formative period and not very likely to acquire a trade, and who, in most instances, upon his return to the general community, will find his natural level among unskilled laborers. It would entail an unnecessary waste of energy and money to attempt to reconstruct the industrial life of such men, and the prime consideration involved here is the extent to which these prisoners may make themselves useful to the state during the period of their sojourn in the institution. Let me state here, that in the majority of instances, one deals in this group with those who are in prison as first offenders, and who are not very likely to revert to crime upon release, no matter what their experience in prison might have been. Besides, they constitute numerically a relatively small percentage of the inmates. The most frequent age on admission in 1,000 consecutive cases was twenty-one.

These two groups, which constitute numerically between forty and forty-five per cent of the admissions to Sing Sing, are also embraced largely within the group of first offenders. Thus, while not presenting the most serious or difficult problem in the field of criminology, it is imperative that the state should do everything in its power to prevent a relapse in these cases which offer such good possibility of becoming law-abiding citizens in the future. The matter becomes somewhat more complicated with the remaining three groups, which represent roughly between fifty-five and sixty per cent of the admissions, and which are largely embraced within the group of recidivists. Here we have:

3. *The Insane Delinquent.* The prisoners belonging to this group are either actively insane at the time of admission to the penal institution so that they require immediate transfer to a hospital for the insane, or, while showing unmistakable evidence of mental disease, are still capable of conducting themselves in such manner as not to make it imperative that they be transferred to such hospital. They represent people, who, in a considerable number of instances, had had a mental breakdown and were discharged from hospitals for the insane as socially recovered, that is to say, patients in whom the active disease had become quiescent and who were capable of such degree of adjustment as to enable

them to get along on the outside under very simple conditions. Some of these men will actually require a transfer to a hospital later on, but until such time, they could be made quite productive for the state during their stay in the prison. The problem that these prisoners present assumes greater gravity if, as a result of their mental disease, they incline toward criminal behavior. In that case, even though the insane prisoner is capable of adjusting himself adequately to the requirements of the penal institution, it is questionable whether he should ever be returned to the community upon the expiration of his sentence, and in some instances, the problem would be best solved by a permanent confinement in a hospital for the insane. We have in mind particularly one individual who, for years, has been getting along well in Sing Sing, although harboring very decided delusional ideas with reference to a number of people on the outside. Close inquiry into his mental condition convinced us that the man was very likely to commit a serious crime upon his release from the institution, because, as a result of his delusional ideas, he harbored a very grave grievance against a number of people, including his seventeen-year-old daughter. It was for this reason that it was considered advisable to transfer the man to a hospital for the insane, and not because his mental condition interfered with his capacities to adjust himself to the requirements of the penal institution.

4. *The Defective Delinquent.* The prisoners who come within this group constitute individuals suffering from various degrees of arrested mental development. They have shown a tendency to commit crime repeatedly as a result of their defective general intelligence, and the ordinary methods of procedure which are available, even in the best conducted penal institutions, are not likely to produce the degree of reconstruction of personality which would assure normal social behavior upon their release to the community. A considerable number of these individuals will require for a rational solution of the problem which they present permanent segregation in an institution for defective delinquents. In such institution, the majority of these inmates could be made self-supporting through some simple work, and could be made to lead satisfactory lives without being exposed to the vicissitudes of a complex social order and without exposing society to the menace which is inherent in a defective inclined to behave in an antisocial manner. The percentage of defectives among the recidivists is very large indeed, and one feels that if the problem of mental de-

ficiency were handled more intelligently, the amount of recidivism would be reduced considerably.

5. *The Psychopathic Delinquent.* These prisoners are burdened with a mentality which, while not placing them within the well recognized categories of mental disease, brings them decidedly outside the pale of normal human beings. The psychopath contributes very largely to the ranks of the recidivists and in many respects constitutes a greater menace to society than does either the insane or defective delinquent. But while, in many instances, not much hope may be entertained of bringing about a decided reconstruction in the personality of the psychopath, many others are capable of being readjusted, at least to the extent of leading a useful and normal existence under proper circumstances. It is this group which will require the most intensive individual attention in prison if the problem that they present to society is to be solved with any degree of success.

The clearing house, after having defined and classified the inmates which it receives from the general community, will distribute them to the various institutions of the state, in the following manner:

A. The normal, young adults, capable of learning a trade, after having been well started in acquiring the trade for which they are best suited as determined by a scientific inquiry into their capabilities, will be transferred to either one of the two industrial prisons of the state, located at Dannemora and Auburn.

B. The older, normal prisoners who will be found incapable of learning a trade, will be transferred to the agricultural prison at Great Meadows, where they can make themselves most useful to the state in some form of agricultural occupation. They also will be used in the housekeeping of the various institutions.

C. The insane delinquents who require treatment of a more or less permanent nature in a hospital for the insane will be transferred to the Dannemora State Hospital (hospital for the criminal insane), while those suffering from transitory, mental disturbances, which may promise recovery under proper treatment, will be treated in a specially constructed psychiatric pavilion at the Reception Prison. This pavilion will also serve as a temporary observation ward for those awaiting transfer to the Dannemora State Hospital.

D. The defective delinquents who, after intensive and careful study, are found to be incapable of reconstruction to a degree

which would justify their release into the general community, will be committed for more or less permanent segregation to the institution for defective delinquents, for which procedure, it is hoped, adequate legal provision will be made.

E. The psychopathic delinquent, as we have stated, will require the greatest amount of attention. Some psychopaths break down completely under the stress of imprisonment and require treatment in a hospital for the insane; others will eventually have to be segregated more or less permanently in the institution for the defective delinquent. But so radical a procedure as permanent segregation should never be resorted to until a competent Board of Inquiry has so recommended as a result of thorough, scientific investigation into the problem involved.

Such, briefly, is the tentative plan for the reorganization of procedure in the Prison System of the State of New York. It is radical in its departure only to the extent that it intends to be governed in its administration of the problem of crime by scientific facts instead of blind tradition, and in that it earnestly intends to apply all of its resources toward an attainment of that ultimate goal which all of us desire—the readjustment of that badly adjusted human being, the criminal.

There can be very little doubt that better results will be effected in the administration of the problem of crime through the type of administration outlined. The chances, however, for actual constructive work would be still better were crime solely the result of individual, constitutional make-up. Unfortunately, social factors contribute in not an inconsiderable degree to this problem, and the best approach toward the minimizing of these undesirable social factors still seems to be through education and suitable propaganda. It is but natural that an institution like a psychiatric clinic in connection with a prison should be one of the most potent agencies in this regard because of its unique opportunity of acquiring reliable information.

The clinic, since its establishment, has been active to a considerable degree along these lines. Thus far, scientific papers have been delivered before the Conference of State Institutional Workers, the National Conference of Charities and Corrections, the New York Psychiatric Society, the New York Neurological Society, the New York Psychoanalytic Society, the Massachusetts Society for Mental Hygiene, and the Rhode Island Society

for Mental Hygiene. In addition, the following lectures have been delivered: fifteen lectures on Clinical Criminology, at Columbia University; one lecture on Feeblemindedness and Prison Reform, at New York University; six lectures to large groups of members of the New York City Police Department, and one lecture to the Probation Officers of the Municipal Courts of New York City.

As a result of the activities of the clinic, a similar clinic has been established in connection with the Department of Corrections of the City of New York, and at the urgent solicitation of Mr. V. Everit Macy, we have personally organized and have been supervising similar clinical activities in connection with the Department of Charities and Corrections of Westchester County.

The clinic at Sing Sing has been visited by many people from all parts of the United States interested in similar work and we have been consulted by correspondence from many sources.

A further means of useful propaganda was seen in the examination of all cases appearing before the Parole Board, and in the rendition of reports of our findings to this Board. In addition to our routine work, there were examined up to April 30, 1917, 168 parole cases.

As a therapeutic agency the Clinic has further made itself useful in cases of individual difficulties of adjustment among the prisoners, and 51 cases of this nature were examined and administered.

In conclusion, we wish to express the hope that the State administration will see clearly the necessity of some such approach to its problem of crime as we have outlined above, if better results are to be achieved than have been heretofore.

NOTES AND COMMENTS

Special classes in the public schools for mental defectives have been established in 23 cities and towns of Massachusetts. There are now about 3,000 children enrolled in these classes, and it is estimated that at east 4,000 more need similar training.

In compliance with a resolution adopted recently by the Morris County Medical Society that, "if possible, at least three hospitals in the county establish a clinic for the treatment of syphilis or specific blood disorders," the Board of Managers of the New Jersey State Hospital at Morris Plains at its recent annual meeting authorized the establishment of such clinic at this hospital. Through the liberality of high-grade drug concerns, the necessary drugs are to be provided without expense to the hospital or state.

A Bureau of Venereal Diseases, as a part of the California State Board of Health, has recently been established. All city, county and other local health officers are appointed inspectors of the board and are directed to use all available means to ascertain the existence of, and to investigate all suspected cases of, and ascertain sources of, such infections. They are authorized to make examination of all persons suspected of being in the infectious stages, and to isolate them when it seems necessary for public protection, such isolation not to terminate until the case has become non-infectious or until permission has been given by the board or its secretary. These officers are urged also to suppress prostitution. They are requested to keep all records pertaining to inspections and examinations in files not open to the public, and to make every reasonable effort to keep secret the identity of the persons examined as far as may be consistent with the protection of public health.

Two new ward buildings are to be erected at the Northern Hospital for the Insane located at Sedro Wooley, Washington, at a cost of $98,000, and the State Custodial School, at Medical Lake, is to have an annex constructed at a cost of $80,000.

The State Commission for the Feebleminded, Delaware, created by legislative enactment in 1917, has two sites under consideration for the new Delaware school for the feebleminded. One is in New Castle County and the other in Sussex. The soil of both these sites is being examined as to adaptability for agricultural and other purposes. It is probable that definite action will be taken soon toward purchasing one of these two properties.

At the Taunton State Hospital (Massachusetts), a society has been formed consisting of the superintendent, staff, nurses and employees,

each of whom has pledged to contribute a small sum monthly for the duration of the war. These funds are used in buying material to be made by both men and women patients into supplies for the soldiers and garments for destitute Belgians. The work is under supervision of the ward nurses.

A clinic for the examination of children suspected of being mentally deficient is being conducted in New Bedford, Massachusetts, through the co-operation of the school department and Dr. Walter E. Fernald, Superintendent of the Massachusetts School for the Feebleminded. Last year a clinic was conducted in New Bedford under the auspices of the state institutional authorities. With the co-operation of the local school authorities, the clinic will not have to depend upon outside agencies for the cases, as formerly. The first clinic this year was held November 3. Subsequent sessions will be held once a month on a Saturday.

Although the Texas Colony for the Feebleminded is not yet completed, there are now 41 women patients in the institution. When completed, the capacity of the institution will be 140 patients—two wards of 70 beds each, one ward for male and one for female patients. The ward for women, which is almost completed, is now being used by those in the institution.

The Spring Grove State Hospital, Catonsville, Maryland, will request $100,000 from the 1918 legislature with which to equip its new psychopathic building.

Plans have been made by the department of health of St. Louis, Missouri, to establish free syphilis clinics under municipal control. A campaign of education will be conducted emphasizing the importance of these clinics and the benefits to be derived from early treatment of the disease.

There are 369 children in the special classes for mental defectives in Newark, New Jersey.

Rochester, New York, has a unique method of keeping patients having venereal diseases under dispensary treatment. The plan calls for regular visits at the clinic maintained by the health department. When a patient leaves the clinic he is told when he is expected again, and a written notice is sent to him, in case he does not appear, stating that unless he does so he will be visited by a police officer. In case he continues to absent himself he is taken to a local police court and committed to the care of the health officers.

A board of managers has been appointed by the governor for the Hospital for Negro Insane authorized by an act passed by the 1917 session of the legislature of Texas.

The Ontario Board of Health will be requested by the health department of Toronto to have all persons with venereal diseases placed under

quarantine. Legislation to provide for the examination of any one suspected of being infected will also be urged.

Ten new buildings, each to accommodate 30 patients, are being added to St. Elizabeths Hospital, the government hospital for the insane, at Washington, D. C.

A psychopathic section has been opened at the Military Hospital, Orpington, England.

Wichita Falls has been selected as the site for the new hospital for the insane—the Northwest Texas Insane Asylum, for which the 1917 legislature appropriated $400,000. Work will begin next spring and it is hoped that the institution will be ready for occupancy in January, 1919. Wichita Falls offered a free site of 500 acres and water supply for the institution.

A site will be selected soon for the new hospital for the insane authorized by the Pennsylvania legislature, in 1917, to be known as the Eastern Hospital for the Insane. The Western Hospital for the Insane, authorized in 1915 and for which the 1917 session made an appropriation, will be located not far from Irwin.

Chapter 90 (1917) appropriated $85,000 for the construction and equipment of a building for the violent and criminal insane at the Oklahoma Hospital for the Insane, at Norman. This institution also received an appropriation of $20,000 for the purchase of 340 acres of land, and $51,682.75 for a central power plant.

The East Oklahoma Hospital for the Insane, at Vinita, received an appropriation from the 1917 legislature of $6,400 for the purchase of 160 acres of land, and $29,597 for the construction of a water system.

The Oklahoma Institution for the Feebleminded received from the last legislature an appropriation of $50,000 for a new cottage and its equipment, half of the amount to be used during the year 1917–1918, and the remainder the following year. A new laundry and water system will also be installed, $25,000 having been authorized for these purposes.

New York Committee on Feeblemindedness

The New York Committee on Feeblemindedness, organized in March, 1916, has recently published its first annual report stating its aims, methods, and an account of its activities.

"It aims to help enlarge the capacity and to increase the usefulness of state institutions; to further the establishment of special classes in the public schools for backward and feebleminded children; to aid in the establishment of a system of guardianship and supervision in the home; and to strive for effective measures and methods looking toward the prevention of feeblemindedness in the future.

"It aims to have segregated those cases which cannot be other than a menace when unprotected in the community and to have them humanely and economically cared for in state institutions; and to have all other cases carefully supervised by responsible persons or agencies. It seeks more extensive provision to train the defectives, especially the children, in the simple manual arts which will make them more useful and happier members of society. It aims to secure a more general public appreciation of the situation created by the presence in the community of so many persons with arrested mental development, and sympathetic co-operation in the attempt to deal with them."

To attain these aims the committee's activities consist in gathering and disseminating information pertaining to the feebleminded, enlisting individual effort and social agencies in effecting such measures as may be brought about privately for the benefit of the feebleminded, and promoting legislation which will secure adequate provision for the care, supervision and training of the feebleminded.

The Committee on Psychological Examination of Recruits, of the American Psychological Association, is composed of Major Robert M. Yerkes, Chairman; W. V. Bingham, Professor of Psychology, Carnegie Institute of Technology, Pittsburgh, Pennsylvania; H. H. Goddard, Director of Research, the Training School, Vineland, New Jersey; T. H. Haines, Clinical Director, Bureau of Juvenile Research, Columbus, Ohio; L. M. Terman, Professor of Education, Leland Stanford University, Palo Alto, California; F. L. Wells, Psychologist, McLean Hospital, Waverley, Massachusetts; and G. M. Whipple, Professor of Education, University of Illinois, Urbana, Illinois.

"Every medical practitioner in Ontario is invited to interest himself in the success of the Hospital for the Insane in the district in which he resides. Every superintendent realizes that the successful results aimed at in the modern treatment of the insane can be more readily secured by enlisting the co-operation and sympathetic support of the medical men who were formerly the physicians to the patients in their homes. The family physician naturally watches with interest the course of the hospital treatment and should consider himself an honorary member of the visiting staff of the hospital to which his patients are sent for treatment." —*Bulletin of the Ontario Hospitals for the Insane.*

Mental Hygiene in Pennsylvania

The Public Charities Association of Pennsylvania, a body of men and women representative of the entire state, organized in 1912 to aid in securing a system of efficient public charities for the state, recently announced its program for 1918. Among other measures it proposes:

"To assist public and private agencies to organize free mental clinics throughout the state, thus preventing, so far as possible, the increase of

mental disorders and facilitating the proper treatment of those suffering from these handicaps.

"To stimulate the opening of special classes for backward and defective children in the public schools, and to co-operate with school authorities in seeking state aid for such classes at the next session of the legislature.

"To co-operate with public authorities in obtaining public support, moral and financial, for necessary improvements in state and local institutions, in order to maintain a high standard of care and treatment of the state's wards and to meet the emergency problems during the war.

"To encourage, by conference and publicity, the useful employment of inmates of public institutions, both to serve their own best interests and to relieve the burden upon the community.

"To conduct a vigorous educational campaign, through pamphlets, newspapers, lectures, exhibits and periodical bulletins, as to the conditions and needs of the insane, feebleminded, prisoners, dependent children, inmates of almshouses, etc., the public policies affecting them and the facilities, methods and needs of institutions caring for them."

The thirtieth dispensary under the auspices of the New York State Hospitals has recently been established for the treatment of mental and nervous diseases.

The governor of Kansas has been requested by the Board of Administration to appoint a committee of professional and business men and women to make an exhaustive study of feeblemindedness in the state and report not later than January 1, 1919.

The study of the feebleminded in Kentucky, conducted by Dr. Thomas H. Haines, formerly of the Boston Psychopathic Hospital and director of the Bureau of Juvenile Research, Columbus, Ohio, has been completed. This study was made for the Kentucky Commission for the Feebleminded which was authorized by legislative enactment in 1916. A report with recommendations has been prepared for the legislature and will soon be ready for general distribution.

The Maine Commission on Provision for the Feebleminded, authorized by the legislature of 1917, has been named by Governor Milliken as follows: Hon. William P. Whitehouse, former Chief Justice of the Supreme Court of Maine, Augusta; Mrs. Marion D. Eaton, Portland, and Rev. David N. Beach, Bangor. A state-wide survey is being conducted by the Commission under the direction of Dr. Guy Fernald, psychiatrist to the Massachusetts Reformatory, Concord. A year will be given to a comprehensive study of the problem of the feebleminded in the state and a report with recommendations will be presented at the next session of the legislature.

Connecticut Society for Mental Hygiene

The tenth annual meeting of this society was held in New Haven, December 12, 1917. Dr. C. Floyd Haviland, Superintendent of the Connecticut Hospital for the Insane, spoke on "Present Day Importance of Mental Hygiene," and Dr. Frankwood E. Williams of New York, on "The Psychiatrist's Part in the War."

Indiana Society for Mental Hygiene

The Second Annual Conference of the Indiana Society for Mental Hygiene was held at the Claypool Hotel, Indianapolis, December 14, 1917. The morning session was devoted to a discussion of mental health and the war with Will H. Hays, Chairman of the State Council of Defense, presiding. The address was by Dr. Frankwood E. Williams, New York, with discussions by Dr. Charles P. Emerson, Indianapolis, Dr. S. E. Smith, Richmond, Dr. J. W. Milligan, North Madison, Eugene C. Foster, Indianapolis, and Mrs. Hester Alverson Moffett, Elwood. Mental health as a home, school and community problem was discussed in the afternoon and evening sessions. In the afternoon T. F. Fitzgibbon of Columbus presided, and the address was given by Miss Jane Griffiths, Philadelphia. Other speakers of the afternoon were Mrs. Albion Fellows Bacon, Evansville, Mrs. S. C. Stimson, Terre Haute, Dr. Horace Ellis, Indianapolis, O. M. Pittenger, Frankfort, Dr. W. F. Book, Bloomington, and Lee Driver, Winchester. Dr. William L. Bryan, President of Indiana University, presided in the evening, and Dr. Sidney D. Wilgus, representing The National Committee for Mental Hygiene, gave the address. This was followed by a symposium, The Menace of the Mental Defective, To the Neighborhood, To Public Morals, To Public Health, As Seen by the Court, and From the Viewpoint of the State Institution, being presented by Judge W. C. Duncan of Columbus, Mrs. Emerson E. Ballard of Crawfordsville, Rev. A. B. Storms of Indianapolis, Rev. W. K. Ingalls of Jamestown, Dr. Ada E. Schweitzer of Indianapolis, Dr. W. M. McGaughey of Greencastle, Judge E. E. Cloe of Noblesville, Judge F. J. Lahr of Indianapolis, Dr. George S. Bliss of Fort Wayne, Dr. Kenosha Sessions of Indianapolis, and Dr. David C. Peyton of Jeffersonville.

Massachusetts Society for Mental Hygiene

The Annual Conference of the Massachusetts Society for Mental Hygiene was held at Tremont Temple, Boston, January 9. At the afternoon session, Lieut. John T. MacCurdy, M.O.R.C., of New York, discussed "Nervous and Mental Breakdown from War Strain and Shock;" Dr. F. H. Sexton, Halifax, "What Canada is Doing for Her Soldiers Who Return with Shell Shock;" Dr. Frankwood E. Williams, New York, "What This Country is Doing to Keep from its Armies the Nervously and Mentally Unfit and Adequately to Care for Those Who Become

Disabled by the Shocks and Strains of War." At the evening session, the problem of the defective delinquent was considered. The following papers were read: "The Relation of Mental Defect and Disorders to Delinquency," by Dr. Victor V. Anderson, Medical Director, Medical Service of the Municipal Court, Boston, and Dr. William Healy, Director, Judge Baker Foundation, Boston; "The Defective Delinquent in Court," by Justice Frederick P. Cabot, Juvenile Court, Boston; "The Probation Problems of the Defective Delinquent," by Herbert C. Parsons, Deputy Commissioner of Probation, Boston; "What Shall Be Done with the Defective Delinquent in the Penal Institutions?" by Col. Cyrus B. Adams, Director of Prisons, Boston, and Mrs. Jessie D. Hodder, Superintendent, Reformatory for Women, Sherborn; "What Should Be the Attitude of the Alienist toward the Defective Delinquent?" by Dr. George M. Kline, Director, Commission on Mental Diseases, Boston; "A Practical Program for Dealing with the Defective Delinquent," by Representative B. L. Young, Weston.

Mental diseases and the war, and the work of the Division of Psychiatry and Neurology in the Medical Corps of the United States Army were considered at recent meetings of the Boston Society of Psychiatry and Neurology, Philadelphia Psychiatric Society and the New York Neurological Society.

On the afternoon of January 8, the government films on shell shock were shown before the students of the Harvard Medical School.

The Illinois state hospital service is to have a teacher of occupations to instruct the nurses and attendants in the various state institutions.

Teachers' College, Columbia University is offering a course in occupational therapy. The work will be under the direction of Miss Susan Johnson. Medical problems will be presented by Dr. William L. Russell, Dr. George H. Kirby, Dr. L. Pierce Clark, Dr. Charles I. Lambert, Dr. George S. Amsden, and Dr. Frankwood E. Williams.

Mental Hygiene and the War was the subject discussed recently at the public forum, Portland, Maine.

The Henry B. Favill School of Occupations, a department of the Illinois Society for Mental Hygiene, established in 1914 as a teaching center for the handicapped of the community, has extended its work to include also the training of teachers to educate the mentally and physically defective, and will give special instruction to prepare in advance for the re-education of soldiers and sailors incapacitated for the occupations in which they were previously engaged.

Mrs. Eleanor Clarke Slagle, the head of the school, has outlined and directed courses at the teaching center of the Chicago Chapter of the American Red Cross. The first class was composed of eighteen women

each of whom has signed an agreement to give three months' service and they will be sent to Canada for this period.

The school also co-operates with the Chicago School of Civics and Philanthropy which is offering courses of training for the re-education of the physically and mentally disturbed and the handicapped soldier, under the direction of Mrs. Slagle. Lectures upon the medical aspects of occupational therapy will be given by Dr. Wilber E. Post; Dr. H. D. Singer, State Alienist; Dr. Hugh T. Patrick; Dr. C. P. Emerson, Dean of the University of Indiana Medical School; Dr. Herman M. Adler, State Criminologist; Dr. Rachelle Yarros; Dr. F. C. Churchill; Dr. Henry B. Thomas; and others.

Military Neuro-Psychiatry

Major Thomas W. Salmon, on leave of absence as Medical Director of The National Committee for Mental Hygiene, is now in France in charge of the neuro-psychiatric work in the American Expeditionary Force.

The following assignments have recently been made: Lieut. Harold A. Bancroft of Hartford from the New York Neurological Institute to Fort Leavenworth, Kansas; Lieut. Wilson K. Dyer of Kankakee, Illinois, from Camp Lee, Virginia, to Fort McPherson, Georgia; Lieut. Percy B. Battey of Independence, Iowa, and Lieut. Harry A. Durkin of Peoria, Illinois, from St. Elizabeths Hospital, Washington, D. C., to Camp Shelby, Mississippi; Capt. Emil Altman of New York from Camp Sevier, South Carolina, to Camp Greene, North Carolina; Lieut. Smiley Blanton of Madison, Wisconsin, from the New York Neurological Institute to Fort Slocum, New York; Capt. Harry R. Carson of Norfolk, Nebraska, from the State Psychopathic Hospital, Ann Arbor, Michigan, to Camp Pike, Arkansas; Lieut. John C. George of Dayton, Ohio, and Lieut. Ward W. Millias of Rome, New York, from Camp Mills, New York, to Camp Doniphan, Oklahoma; and Lieut. Frank H. Redwood of Richmond, Virginia, from the New York Neurological Institute to Camp Pike, Arkansas.

Capt. Joseph Waldron Moore, formerly assistant physician at the Matteawan (New York) State Hospital, has been assigned to duty at Camp Beauregard, Louisiana.

Capt. Thomas J. Heldt, who has recently been promoted from the rank of Lieutenant, is in charge of the neuro-psychiatric examinations at Camp Doniphan, Oklahoma.

Capt. Walter J. Otis of Waverley, Massachusetts, has been conducting psychiatric examinations at Fort Slocum, New York, which is the recruit depot for the Regular Army, Eastern Department. The work here has been extraordinarily heavy due to the rush of enlistments prior to December 15 when the new draft regulations went into effect.

Major R. W. VanWart of New Orleans, Louisiana, is now on duty under a new assignment at Kelly Field, San Antonio, Texas, conducting the mental and nervous examinations of members of the Aviation Corps, with the assistance of the following officers: Capt. William Edler of St. Louis, Missouri, Capt. John F. W. Meagher of Brooklyn, New York, Capt. Romney M. Ritchey of Elgin, Illinois, Lieut. Nicholas W. Pinto of Kalamazoo, Michigan, Lieut. George E. Hessner of Topeka, Kansas, Lieut. Emory L. Dravo of the State Hospital for the Insane at Warren, Pennsylvania, Lieut. James A. Belyea of Toledo, Ohio, Lieut. John J. Hughes of Mount Vernon, New York, and Lieut. Walter A. Ford of Jacksonville, Illinois.

Capt. Allan D. Finlayson of Warren, Pennsylvania, Capt. Charles Ricksher of Kankakee, Illinois, Lieut. Robert Bogan of New York, Lieut. William J. Fleming of Milwaukee, Lieut. James A. Gould of Westboro, Massachusetts, and Lieut. George A. Hatcher of Nashville, have recently been ordered to Camp Joseph E. Johnston, Jacksonville, Florida.

The neuro-psychiatric unit at Camp Bowie, Texas, is composed of Capt. Otto G. Wiedman of Hartford, Lieut. Samuel W. Hausman of Ogdensburg, New York, Lieut. Howard M. Francisco of Nashville and Lieut. W. Gilford Dickinson of Oneonta, New York, with Major James Ross Moore, previously stationed at Camp Lee, Virginia, in command.

Over 300 neurologists and psychiatrists commissioned in the Medical Officers' Reserve Corps have been detailed to camp duty.

The construction of the neuro-psychiatric wards in National Guard camps and National Army cantonments is rapidly nearing completion. Most of them are now ready for occupancy and the nursing personnel is being assigned according to local needs. The men for this work are being drawn from all ranks of the Army and, following the principle of selective service, are chosen on the basis of training and experience in this particular work, many of those taken having graduated from State Hospitals. Women nurses have also been assigned to these wards and are being supplied by the Army Nurse Corps under direction of the Surgeon-General.

Capt. Thomas J. Orbison of Los Angeles, Lieut. Calvin E. Woolsey of Chillicothe, Missouri, and Lieut. Harold W. Wright of San Francisco are conducting neuro-psychiatric examinations at Camp Kearney, California.

The following officers of the Medical Reserve Corps have been advanced in rank from Captain to Major: George B. Campbell, Richard H. Hutchings, James Ross Moore, Frederick H. Newberry and William Somerville.

Paul V. Anderson, Emil Altman, Wilton F. Beerman, Sanger Brown, II, Richard Eaton, Thomas J. Heldt, Samuel Leopold, Frank Leslie,

James F. McFadden, Clifford W. Mack, Walter J. Otis, Arthur S. Pendleton, Horace Phillips, Romney M. Ritchey, Francis M. Shockley and Edward A. Strecker have been promoted from Lieutenant to Captain.

The War's Stimulus to Psychiatry and Psychology

"Not the least hopeful of the signs of the times is the awakening to a practical interest in military activities. It means on the medical side a recognition of the importance of psychiatry and a furtherance of its establishment in its rightful place among medical branches. Medical authorities, military authorities, psychologists, and the government behind them all, which is seeking 'to co-ordinate and mobilize the scientific resources and forces of the country in the interest alike of national defense and national welfare,' are coming to an appreciation of the overshadowing presence of mental conditions wherever even surgical or organic medical conditions call for treatment or examination.

"In the call to medical service of trained psychiatrists, with their units, as an indispensable feature in this nation's part in the war, there is a note that has been sounding in all the reports from the field of experience of the Allies and of the German armies. Neuro-psychiatry has received an attention never accorded it before. Scientific thought has been preparing for it through the advance in rational interpretative treatment of psychopathological conditions. This has revolutionized the treatment of the so-called insane and has been extending itself to the discovery and improvement or cure of the multitude of borderland cases, which are recognized as worthy also of attention and possible of cure. The war shows that these conditions demand effective, definite, and, as far as possible, rapid action. Psychiatry has an enormous but a specific task."

"The emphasis upon psychotherapy and the psychology of all these disturbances shows most distinctly the progressive trend. Observation and therapeutic experience with these cases recognize the individual mental disposition and the development of symptoms, except perhaps in acute cases resulting from shock which are of temporary duration and emerge from a background of some latent condition of maladaptation or more marked psychopathology. The genetic character of mental disturbance is becoming recognized and applied in the greater care exercised in the examination of recruits and the elimination of those incapable of reacting to the added strain of war. On the other hand the therapeutic value of the strengthening power of these same conditions upon natures whose power of adaptation is thus merely toughened and deepened also bears testimony to reactive ability or disability rather than external circumstances in determining nervous and mental health or disease."—Editorial, *New York Medical Journal*, October 27, 1917.

BOOK REVIEWS

MAN'S UNCONSCIOUS CONFLICT. By Wilfrid Lay. New York: Dodd, Mead & Company, 1917. 316 p.

This work is a complete, up-to-date, simple exposition of the psychology of man's unconscious conflicts. It is so written that the reader of ordinary intelligence may understand it without the aid of a dictionary or a psychologist. So far as the reviewer is aware, there is not an overstatement or misstatement of the principles of psychology in the entire book. However, to the individual suffering from a neurosis, it is of doubtful value to read a book of this type while an analysis is in progress, although this one will probably do less harm than almost any other in this field which has appeared previously. During convalescence from a neurosis, and for a considerable time thereafter, a book of this kind will be of inestimable value. It is by all odds the best book of its kind on dynamic psychology that has come to the notice of the reviewer. The text is set forth impartially and gives to the individual a clearer understanding of the conflicts of human existence, together with practical suggestions for meeting them.

L. PIERCE CLARK.

A MANUAL OF MENDELISM. By James Wilson. London: A. & C. Black, 1916. 152 p.

This little book is a convenient introduction to the modern science of heredity.

The first three chapters deal with Mendel's experiments, his law, and some simple deductions from it. The subsequent chapters deal with special topics. One of these chapters treats of characters due to two or more combined and dissimilar factors (*e. g.*, agouti coloration of rabbits due to three factors). Another chapter deals with "suppressed effects"; that is, the inability of a character to show itself in the absence of some other general factor than that upon which the specific character depends. Thus, all the factors for agouti color of rabbits may be present except a factor (C) that permits pigment to be formed. If this factor be absent the activation of all of the others is suppressed. In chapter six, absence of dominance is treated, well illustrated by the blue Andalusian fowls. When black is crossed with the Andalusian "dirty white," black dominates incompletely; the offspring are blue, and such blues when mated together always yield black, dirty white and blue again. A number of other topics

are discussed, including inheritance of quantitative characters—as milk yield in cows—and a brief, final chapter deals with the applications of modern studies in heredity to agriculture.

The book has the advantages of small size, copious diagrams and richness in illustrations drawn from agriculture. Its disadvantages are first, a certain obscurity in style in spots; *e. g.*, such a sentence as: "Too many for one pair of characters and yet not enough for two, three groups suggest two pairs of characters and four groups, two of which are inseparable by the eye" (p. 46) needs to be recast. Second, the author has failed to profit by the recent American work, especially of Morgan and his pupils, which would have clarified his discussion of "coupling." It seems to the reviewer that this little book does not compare with Bateson's great work, with the more popular and briefer book of Punnett or with that of Castle. As a general popular presentation of the science of modern heredity it is much less readable than Walters' *Genetics*. Its subject matter is of special interest to the agriculturalist but the novice will often, it is to be feared, fail to get the desired assistance from it, unless he is very patient and studious.

CHARLES B. DAVENPORT.

THE MASTERY OF NERVOUSNESS. By Robert S. Carroll, M.D. New York: The Macmillan Company, 1917. 315 p.

The keynote of this book of twenty-three chapters is the re-education of self. An account is given of the different phases of nervousness and of some of the obvious conflicts that arise as a result. Titles of some of the chapters are *The Age of Nervousness; The Penalty of Inactivity; Eating for Efficiency; Work and Play; Tangled Thoughts; Ills and Our Wills; Clear Thinking; Moulding the Emotions; The Fulfilment of Self; Our Moral Selves*. The book is a very readable, running account of the many common nervous ills of the human race, although the disquisitions are entirely in the realm of the obvious. The motive running through the text is to suggest to the individual that he employ self-help by directing his mental activities into better channels; but the exact methods showing how to go about it, as well as instruction setting forth the way to meet any particular problem, seem to be wanting. While the book will give the average nervous invalid a better understanding of himself, it will not necessarily enable him to lift himself over the fence by the bootstraps. Specific and definite illustrations showing the manner in which nervous conditions have been fairly met and overcome might well have been included.

L. PIERCE CLARK.

MENTALLY DEFICIENT CHILDREN: THEIR TREATMENT AND TRAINING. By G. E. Shuttleworth and W. A. Potts. 4th ed. Philadelphia: P. Blakiston's Son & Company, 1916. 284 p.

The authors have provided a comprehensive, although necessarily abbreviated, treatise on feeblemindedness as well as epilepsy and the psychoses of childhood and adolescence. The chapter on the psychoses suffers especially from over-abbreviation, and no mention is made of manic-depressive insanity. It is a good move, however, to include a consideration of the psychoses in a book of this character. As our knowledge of the subject of mental deficiency increases, we shall see more of the psychiatric point of view and consideration.

The reviewer has not seen earlier editions of this book, but is nevertheless impressed that there is little new material added except the changes following the passage of the English Mental Deficiency Act. The illustrations are similar to those usually seen in literature upon this subject. The clinical pathology of mental deficiency is hardly more than touched upon, and the endocrinological aspects of the subject are not mentioned. The authors present a sound attitude in their statement that the treatment of mental defect is "medico-pedagogic"; and the book will help to demonstrate that the physician, or more specifically the psychiatrist, is best suited to take charge of the treatment of the feebleminded.

Although the book endeavors to cover the ground for the United States, it is better adapted to English readers. There are many points, however, which make it a valuable addition to any library, and it is especially recommended for the medical student, or the beginner who is anxious to make a rapid survey of the subject.

W. B. CORNELL.

THE PRINCIPLES OF MENTAL HYGIENE. By William A. White, M.D. New York: The Macmillan Company, 1917. 323 p.

In this book White covers an extremely wide field, practically the whole field of human adaptation; his motto might well be *Nihil humani a me alienum puto.* He passes under review the insane, the criminal, the feebleminded, the pauper, the prostitute, the inebriate, the epileptic, the homosexual, the vagrant, the homeless unemployed. He brings within the scope of his discussion such varied subjects as patent medicines, fatigue, divorce, the woman movement, free speech, illegitimacy, social hygiene, dangerous occupations, vocational psychology, fads, wealth, idleness, old age and death. These topics are somewhat bewildering in their variety; they seem to be heterogeneous and to have little in common, but the great merit of this book is that the most diverse problems find their place in a comprehensive whole, the unity of which is due to the point of view of the author. All the above topics are dis-

cussed from the point of view of human adaptation, the adaptation of the individual to his complex cultural environment, to the complex and conflicting demands of his own nature. The conditions which lead to success or failure in this adaptation furnish the problems treated in this book.

The failure of adaptation may manifest itself in queer delusional beliefs or in simple symptoms like headache or vomiting; it may be expressed in drunkenness, in prostitution or in economic failure; it may indicate its existence only by the presence of peculiar fads and enthusiasms and character traits. The failure of adjustment may be due chiefly to the difficulties of the individual's own nature, or its cause may reside more definitely in the environment with outworn cultural formulae. The living process of the adaptation of the organism in process of evolution to a cultural environment also in evolution is the keynote of this book.

In parts of the book the author discusses problems of maladaptation which are familiar to all. He takes up the wider social aspects of insanity, crime, pauperism and alcoholism. In using these words one hardly does the author justice, for he vehemently objects to applying a unitary label to extremely heterogeneous conditions. After all, it is time to give up thinking of insanity; it is time to think of a large number of human beings who have failed to adapt themselves to their complex problems, but who have failed in a great variety of ways, and owing to an extremely complex series of causative factors. The author does not fail to refer to such obvious problems as those of suitable provision for the certified insane, or provision for an adequate social apparatus to help patients to a readjustment. He is primarily insistent, however, upon the necessity of keeping in mind the problems of the individual. It can therefore be easily understood that he does not bring forward facile schemes for improvement guaranteed to eliminate from the social organism the maladies which occupy the reformer, but which are liable to persist as long as evolution goes on. Instead of conceiving mental hygiene under the form of a certain cut and dried social apparatus, he conceives it as a body of flexible principles which are derived from the intensive study of human nature.

The author goes deep down to the roots of human conduct, and the more or less familiar discussion of social problems is supplemented by an analysis of human nature which to many will be unfamiliar. He has chosen to employ the language of a new psychology and does not hesitate to bring forward views which many consider extreme and highly speculative. One is afraid that some of this speculative psychology with its unfamiliar terminology and overrefined interpretations may perplex many honest readers, and may seriously antagonize others. It is very important at the present juncture that differences between psy-

chologists should not be overaccentuated, and that the somewhat polemical opening of the twentieth century should give way to a more co-operative and constructive period.

The psychological presentation would have been more in place in a book more technical in its nature, not prepared for so wide an audience. The psychological attitude of the author, however, gives the book an individual note which is very stimulating. Although a few lapses suggest that it has been somewhat hastily prepared, the book is written in a very agreeable style.

C. Macfie Campbell.

The Problem of Personality: A Critical and Constructive Study in the Light of Recent Thought. By Ernest N. Merrington, Ph.D. London: Macmillan & Company, 1916.

No problem has a wider interest than that of human personality. This book attempts to state the problem of Personality "in its relation to the fundamental truths of theology and philosophy." The first part of the book gives a critical exposition of certain views of the Self held by recent British and American philosophers; the second part contains the author's argument for the reality of the Self and his analysis of the value of experience as a concept.

Among the theories of the Self considered in the first part are those of William James, F. H. Bradley, Josiah Royce and G. H. Howison. James is chosen to give the pragmatic definition of consciousness, and his treatment of consciousness as the "Stream of Thought" receives the criticism of the author and is declared wholly unsatisfactory. Bradley's system denies that the Self can make any valid claim to be real. The Self is placed as a concept in the realm of indirect experience with the intellectual constructions. Royce appears as the champion of the system of Absolute Idealism in which the value of the Self has a central place. "Life's meaning makes a Self out of fragmentary and multitudinous elements, which only get their being through relation to the Self, although not fully discovered as yet." The Absolute Self contains in his Life the infinite collection of Selves. Howison maintains Personal Idealism and defines a person as a self-active member of a manifold system of real beings. The universe is the product of the consciousness of this Society of Persons. God is the Supreme Person in this Society. The closing chapter of the expository part of the book, on Later Tendencies in regard to the thought of the Self, is one of its best chapters.

In the second part of the book, the author develops his thesis that the reality of the Self constitutes the reality and trustworthiness of our experience. Although in all the systems of metaphysicians much is made of the concept, Experience, it is nevertheless a vague and ambiguous concept. The Self as Subject in relation to Object is the proper starting

point in metaphysics. The Self in this sense becomes the satisfactory criterion of reality. Not, however, the narrow Self of the Rationalists, for the Self has an abundance of life, including the experiences of emotion, activity, imagination, memory, aspiration, and purpose as well as thought.

For such students of philosophy as may care to have in concise form an interpretation of the meaning of the concept, Self, as used by leading English-speaking metaphysicians, this book has value. It will have little interest for others. It has small value for the general reader, for, as the author acknowledges, it is much too technical. It has an inviting title but one that is somewhat misleading, for the book is wholly concerned with the philosophic meaning of the Self. The scientist also, if he expects from the book information in regard to the problem of personality from the field of recent investigation, is certain to be disappointed. The book is destitute of any knowledge of the discoveries of recent science. The scientist will receive from it a vivid impression of the impassable gulf fixed between so philosophic a discussion of the problem of human personality and a book treating of the same problem born within the field of science with the vitality of recent discoveries of the ways of human conduct. There is need of a philosophic statement of the Self written by one familiar with the disclosures of contemporary science. Unhappily in philosophic discussions the reader is frequently reminded of the saying of Lawrence Sterne that most books are made as druggists prepare medicine by pouring from one bottle into another.

ERNEST R. GROVES.

BOOKS RECEIVED

Collie, Sir John. Malingering and feigned sickness. London: Edward Arnold, 1917.

Gordon, Kate. Educational psychology. New York: Henry Holt & Company, 1917.

Groszmann, Maximilian P. E. The exceptional child. New York: Charles Scribner's Sons, 1917.

Hollingworth, H. L., and Poffenberger, A. T., Jr. Applied psychology. New York: D. Appleton & Company, 1917.

Southard, E. E., and Solomon, H. C. Neurosyphilis. Boston: W. M. Leonard, 1917.

Wallin, J. E. Wallace. Problems of subnormality. Yonkers: World Book Company, 1917.

White, William A. Principles of mental hygiene. New York: The Macmillan Company, 1917.

CURRENT BIBLIOGRAPHY*

OCTOBER–DECEMBER, 1917

Compiled by

MABEL W. BROWN, A.B.

Librarian, The National Committee for Mental Hygiene

American research institute. Bibliography of titles on insanity contained in the supplementary card catalogue of the Library of the Surgeon-general's office, 1903–17. Wash.: 1917.

Arps, G. F. Important factors in the question of responsible behavior. Scientific monthly, v. 5, p. 239–52, 1917.

Ash, Rachel M., M.D. Mongolism. Calif. state j. of med., v. 15, p. 500–03, Dec. 1917. Illus.

Bancroft, Charles P., M.D. Ought limited responsibility to be recognized by the courts? Amer. j. of insanity, v. 74, p. 139–48, Oct. 1917.

Bannister, Murdoch, M.D. Epilepsy. Ia. bull. of state institutions, v. 19, p. 227–30, June 1917.

Bernstein, Charles, M.D. Self-sustaining feebleminded. Ungraded, v. 3, p. 25–35, Nov. 1917.

Bernstein, Charles, M.D. Various phases of feeblemindness and stigmata of degeneration. N. Y. state med. j., v. 17, p. 490, Nov. 1917.

Blackmar, H. E. Training of subnormal children in the public schools. Ia. bull. of state institutions, v. 19, p. 220–26, June 1917.

Boardman, Helen, comp. Psychological tests; a bibliography. N. Y.: Bur. of educ. exp., 1917. 75 p.

Bond, Earl D., M.D. Study of self-accusation. Amer. j. of insanity, v. 74, p. 169–84, Oct. 1917. Bibliography.

Bowen, Albert L. Cleaning up the world. Ill. institutions quar., v. 8, no. 3, p. 45–46, Sept. 1917.

Briggs, L. Vernon, M.D. Environmental origin of mental disease in certain families. Hahnemann monthly, v. 52, p. 415–28, 1917.

A broader conception of insanity. Editorial in Bost. med. and surg., j., v. 177, p. 845–46, Dec. 13, 1917.

Bryce, Peter. Tuberculosis in relation to feeblemindedness. N. Y. city dept. of health, 1917. Pamphlet.

Burr, Charles W., M.D. Civilization and insanity. J. of sociologic med., v. 18, p. 334–46, Oct. 1917.

Byers, Joseph P. Cutting off the supply of mental defectives at one of the sources (immigration). Training school bull., v. 14, p. 116–18, Nov. 1917.

Calkins, Mary W. The case of self against soul. Psychological rev., v. 24, p. 278–300, 1917.

Calkins, Mary W. A clue to Holt's treatment of the Freudian wish. J. of philos., psychol., etc., v. 14, p. 441, 1917.

Campbell, C. Macfie, M.D. Mental health of the community and the work of the psychiatric dispensary. Natl. conf. soc. work, 1917. Proceedings, p. 429–38. Also in mental hygiene, v. 1, p. 572–84, Oct. 1917.

Catton, Joseph H., M.D. Malingering; its diagnosis and significance. Calif. state j. of med., v. 15, p. 458–61, Nov. 1917.

Church, Archibald, M.D., and Peterson, Frederick, M.D. Nervous and mental diseases. 8th ed. Phil.: Saunders, 1917. 940 p.

Committee on provision for the feebleminded. Special classes in the public schools. Phil., 1917. 8 p.

Conklin, Edwin G. Development of the personality. Amer. j. of insanity, v. 74, p. 123–27, Oct. 1917.

Copp, Owen, M.D. Community organization for mental hygiene. Natl. conf. soc. work, 1917. Reprint no. 115 of Reports and addresses.

Coriat, Isador H., M.D. Future of psychoanalysis. Psychoanalytic rev., v. 4, p. 382–87, Oct. 1917.

Cornell, W. B., M.D. Psychology vs. psychiatry in diagnosing feeblemindedness. N. Y. state med. j., v. 17, p. 485, Nov. 1917.

Courtis, Stuart A. Measurement of the relation between physical and mental growth. Amer. physical educ. rev., v. 22, p. 464–81, Nov. 1917. Illus.

Crothers, Thomas D., M.D. Loss of consciousness and automatism in inebriety. Med. rec., v. 92, p. 1026–30, Dec. 15, 1917.

Crothers, Thomas D., M.D. Should inebriates be punished by death for crime? Amer. med., new series, v. 12, p. 750–55, Nov. 1917.

Dearborn, Walter F. Measurement of intelligence. Psychological bull., v. 14, p. 221–24, June 1917.

Dewey, John. Need for social psychol-

*This bibliography is uncritical and does not include articles of a purely technical or clinical value.

ogy. Psychological rev., v. 24, p. 266–77, 1917.

Doll, Edgar A. Talk to teachers. Training school bull., v. 14, p. 110–18, Nov. 1917.

Emerick, E. J., M.D. Care of the feebleminded in Ohio (President's address before the American association for study of the feebleminded, June 1, 1917). Ungraded, v. 3, p. 6–10, Oct. 1917.

Fernald, Guy G., M.D. Psychopathic clinic at Massachusetts reformatory. J. of psycho-asthenics, v. 21, p. 73–81, March and June 1917.

Fernald, Guy G., M.D. Segregation of the unfit in reformatories. Mental hygiene, v. 1 p. 602–06, Oct. 1917.

Fernald, Walter E., M.D. The feebleminded. Reprint from Educ. rev., v. 54, p. 118–27, Sept. 1917.

Fishberg, Maurice, M.D. Eugenics in Jewish life. J. of heredity, v. 8, p. 543–49, Dec. 1917.

Fisher, Irving J., M.D. Public health as a social movement. Natl. conf. soc. work, 1917. Reprint no. 95 of Reports and addresses.

Fougerousse, Henry L., M.D. Imbecility; asexualization as a means of prevention. New Orleans med. and surg. j., v. 70, p. 437, Nov. 1917.

Freeman, Frank N. Tests. Psychological bull., v. 14, p. 245–49, July 1917. References.

Fry, Frank R., M.D. The anxiety neuroses. Amer. j. of med. sci., v. 154, p. 506–10, Oct. 1917.

Fulton, J. T. New child welfare laws; their relation to the delinquent child. Minn. educ. . . . quar., v. 17, p. 18–22, Aug. 1917.

George, William R. Prison walls without a prison; a plan for restraining and reforming offenders in farm villages. Survey, v. 39, p. 120–23, Nov. 3, 1917.

Giles, F. M. Adolescent moral delinquency and the attainment of social values. School rev., v. 25, p. 433–43, June 1917.

Glueck, Bernard, M.D. Recent progress in determining the nature of crime and the character of criminals. Natl. conf. soc. work, 1917. Reprint no. 116 of Reports and addresses.

Glueck, Bernard, M.D. Some mental problems at Sing Sing. Natl. conf. soc. work, 1917. Reprint no. 117 of Reports and addresses.

Goodhue, Nellie A. Child study laboratory and observation class. Ungraded, v. 3, p. 11–12, Oct. 1917.

Gordon, Kate. Educational psychology. N. Y.: Holt, 1917. 294 p.

Groszmann, Maximilian P. E., M.D. The exceptional child. N. Y.: Scribner, 1917. 764 p., illus.

Haberman, J. Victor, M.D. The degenerate; born delinquency and criminologic heredity. Reprint from Archives of diag., April 1917.

Haberman, J. Victor, M.D. Probing the mind, normal and abnormal; first report; feeling association, and the psychoreflex. Med. rec., v. 92, p. 927–33, Dec. 1917. References.

Hall, G. Stanley. Jesus, the Christ, in the light of psychology. Garden City: Doubleday, 1917. 733 p.

Hall, Gertrude E. And the worm turned. Survey, v. 39, p. 10–11, Oct. 6, 1917. Summary of the relation of the feebleminded to the community.

Harris, D. Fraser, M.D. Medical aspects of the tobacco habit. Tor. pub. health j., v. 8, p. 259–62, Oct. 1917.

Harrower, David, M.D. Defective child and the internal secretions. So. Calif. practitioner, July 1917.

Hastings, George A. Some essentials of a state program for mental hygiene. N. Y.: S. C. A. A. Committee on mental hygiene, 1917. Publication no. 146.

Healy, William, M.D. Bearings of psychology on social case work. Natl. conf. soc. work, 1917. Reprint no. 96 of Reports and addresses.

Herrick, Jessie L., M.D. Mentality and intelligence tests. N. Y. state med. j., v. 17, p. 486, Nov. 1917.

Hickson, William J., M.D. Psychiatry and sociology. J. of sociologic med., v. 18, p. 354–69, Oct. 1917.

Hollingworth, Harry L., and Poffenberger, Albert T., jr., M.D. Applied psychology. N. Y.: Appleton, 1917. 337 p.

Holmes, Bayard, M.D., and Solle, W.H. Dementia praecox and genius. Chic. med. rec., June 1917, p. 246–50.

Hotchkiss, W. M. The state hospital; its purpose, limitations and handicaps. Ill. med. j., v. 32, p. 23–27, 1917.

Hull, C. L. Formation and retention of associations among the insane. Amer. j. of psychology, v. 28, p. 419–35, 1917.

Hull, Helen R. The long handicap. Psychoanalytic rev., v. 4, p. 434–42, Oct. 1917. A psychological study of the social position of woman.

Hunt, Edward L., M.D. Diagnostic symptoms in nervous diseases. Phil.: Saunders, 1917.

Industrial training for the feebleminded. Mod. hosp., v. 9, p. 358–61, Nov. 1917. Illus.

Jaffray, Julia K., ed. The prison and the prisoner; a symposium . . . Bost.: Little, 1917. 216 p., illus.

Jelliffe, Smith Ely, M.D. Diseases of the nervous system; a textbook of neurology and psychiatry. 2d ed. N. Y.: Lea & Febiger, 1917. 938 p., illus.

Kane, Francis F. Drugs and crime; report of committee G of the Amer. inst. of crim. law and criminology. J. of crim.

law and criminology, v. 8, p. 502–17, Nov. 1917.

Kempf, Edward J., M.D. Psychology of "The Yellow Jacket." Psychoanalytic rev., v. 4, p. 393–423, Oct. 1917.

Kenna, William M., M.D. Some reasons why hospitals for the insane are overcrowded. Med. rec., v. 92, p. 890–92, Nov. 24, 1917.

Lacy, W. I. Study of 800 children in Bloomington, Ind., tested by the Binet scale. School and society, v. 6, p. 205–09, 1917.

Levin, Hyman L., M.D. Is psychoanalysis of any value in understanding and treating our hospital patients? N. Y. state hospital quar., v. 3, p. 10–22, Nov. 1917.

Lindley, Martha. Reading ability of feebleminded children. Training school bull., v. 14, p. 90–94, Oct. 1917.

McComas, H. C. Recent literature on hypnotism. Psychological bull., v. 4, p. 243–45, Nov. 1917. References.

McCord, Clinton P., M.D. The psychopathic laboratory in the administration of justice. Reprint from Natl. humane rev., Oct. 1917. 8 p.

McCready, E. Bosworth, M.D. Mental problems in the courts. Natl. conf. soc. work, 1917. Proceedings, p. 413–19.

McCready, E. Bosworth, M.D. Treatment of hypoplastic and mentally impaired children. Med. rec., v. 92, p. 1015–20, Dec. 15, 1917. Illus.

MacMurchy, Helen, M.D. Care and treatment of mental defectives. Can. med. assoc. j., v. 7, p. 893–95, Oct. 1917.

MacMurchy, Helen, M.D. Influence of mental defectives on the public health. Tor. pub. health j., v. 8, p. 341–42, Dec. 1917.

Madras—President. Statistical returns of the lunatic asylums . . . for . . . 1916. Madras: Govt. press, 1917. 28 p.

Massachusetts league for preventive work. A Massachusetts study; analysis of community cases registered with the League for preventive work, Boston . . . Feb. 1917. Training school bull., v. 14, p. 97–99, Oct. 1917.

Massachusetts league for preventive work. Mental defective in the public schools of Massachusetts; a study of special classes for mental defectives . . . Bost., 1917. 16 p. Publication no. 2.

May, James V., M.D. A wider field of activity for the (American medico-psychological) association. Amer. j. of insanity, v. 74, p. 129–38, Oct. 1917.

Meyer, Adolf, M.D. Aims and meaning of psychiatric diagnosis. Amer. j. of insanity, v. 74, p. 163–68, Oct. 1917.

Mitchell, Harry W., M.D. Relative value of prevention and treatment of alcoholism. Natl. conf. soc. work, 1917. Reprint no. 111 of Reports and addresses.

Moore, Thomas V., M.D., ed. Problem of feeblemindedness. N. Y.: Paulist press, 1917. 46 p.

Moore, Thomas V., M.D. Psychotherapy. Psychological bull., v. 14, p. 236–42, July 1917. References.

Murphy, J. Prentice. Illegitimacy and feeblemindedness. Mental hygiene, v. 1, p. 591–97, Oct. 1917.

Murphy, Mary C. Mimetics. Ungraded, v. 3, p. 14–16, Oct. 1917.

New York committee on feeblemindedness. Annual report, Oct. 1, 1917. N. Y.: 1917. 19 p.

New York state board of charities—Bureau of analysis and investigation. Family histories. Alb.: 1917., 55 p. Eugenics and social welfare bull. no 12.

New York state board of charities—Bureau of analysis and investigation. Field work manual. Alb.: 1917. 187 p. Eugenics and social welfare bull. no. 10.

New York state board of charities—Bureau of analysis and investigation. Mental examinations. Alb.: 1917. 73 p. Eugenics and social welfare bull. no. 11.

New York state board of charities—Bureau of analysis and investigation. Nineteen epileptic families; a study. Alb.: 1917. 94 p., charts. Eugenics and social welfare bull. no. 9.

New York university—Department for training teachers of backward and defective children. Bulletin. N. Y.: 1917. 7 p.

Newland, C. Bingham. What is instinct? Some thoughts on telepathy and subconsciousness in animals. N. Y.: Stokes, 1917. 216 p.

Nicholson, Timothy. Administration of state institutions; the Indiana system *versus* central board of control. 2d ed. Richmond: Ind. reformatory, 1917. 20 p.

Nicoll, Maurice. Dream psychology. N. Y.: Oxf. univ. press, 1917.

O'Hara, J. A. The feebleminded. New Orleans med. and surg. j., v. 70, p. 346, Oct. 1917.

Olson, Harry. Importance of intensive study of the criminal himself. Alb. med. ann., v. 38, p. 501–17, Nov. 1917.

Osborne, Thomas Mott. War and the prison problem. Natl. conf. soc. work, 1917. Proceedings, p. 571–74.

Otis, Arthur S. Criticism of the Yerkes-Bridges point scale, with alternative suggestions. Reprint from J. of educ. psychology, v. 8, p. 129–50, March 1917.

Parker, Sarah W. Study of the interplay of personality. Psychological clin., v. 11, p. 97–111, 129–41, 157–78, June 15, Oct. 15, and Nov. 15, 1917.

Parsons, Herbert C. Feeblemindedness and probation. Mental hygiene, v. 1, p. 598–601, Oct. 1917.

Perry, R. H. Mental and physical survey of retarded school children. J. of

Tenn. state med. assoc., v. 10, p. 182, Sept. 1917.

Peyton, David C., M.D. Best system of prison administration. Natl. conf. soc. work, 1917. Proceedings, p. 594–98.

Pintner, Rudolf, and Reamer, Jeannette C. Children tested by the point scale and the performance scale. Psychological clin., v .11, p. 142–51, Oct. 15, 1917.

Pollock, Horatio M., and Furbush, Edith M. Insane, feebleminded, epileptics and inebriates in institutions in the United States, January 1, 1917. Mental hygiene, v. 1, p. 548–66, Oct. 1917.

Pollock, Horatio M. Uniform statistics of mental diseases. N. Y. state hospital quar., v. 3, p. 23–26, Nov. 1917.

Putnam, James J., M.D. Treatment of cases of psycholepsy of emotional origin, in which psychoanalysis proved of service. Ungraded, v. 3, p. 1–5, Oct. 1917.

Rand, Carl W., M.D. Report of two cases of amaurotic family idiocy (Tay-Sachs' disease). Calif. state j. of med., v. 15, p. 503–05, Dec. 1917. Illus. References.

Rhein, John H. W., M.D. Mental condition of female juvenile delinquents. N. Y. med. j., v. 106, p. 725–27. References.

Riggall, R. M., M.D. Treatment of neurasthenia by hypnotism. J. Royal naval med. service, v. 3, p. 190, April 1917.

Rosanoff, Aaron J., M.D. Psychiatric problems at large. Amer. j of insanity, v. 74, p. 157–62, Oct. 1917.

Rosanoff, Aaron J., M.D. Survey of mental defectives. Natl. conf. soc. work, 1917. Proceedings, p. 421–28.

Rowell, Hubert N., M.D. Plea for the alleged insane. Pacific med. j., v. 60, p. 588–90, Nov. 1917.

Ruggles, Arthur H., M.D. Need of closer relationship between psychiatry and the medical schools. Amer. j. of insanity, v. 74, p. 149–55, Oct. 1917.

Salmon, Thomas W., M.D. Care and treatment of mental diseases and war neuroses (shell shock) in the British army. Mental hygiene, v.1, p. 509–47, Oct. 1917.

Schwab, Sidney I., M.D. Fewer concepts of the neuroses; an estimate of their clinical value. Amer. j. of med. sci., v. 154, p. 338–57, Sept. 1917.

Silk, Samuel A., M.D. Psychical changes observed in pulmonary tuberculosis and its relation to insanity. Med. rec., v. 92, p. 969–80, Dec. 8, 1917. References.

Smith, Alice M., M.D. Role of gynecology in the care of the insane. Northwest med., v. 16, p. 265–68, Sept. 1917.

Solomon, Harry C., M.D. and Solomon, Maida H. Family of the neurosyphilitic. Natl. conf. soc. work, 1917. Proceedings, p. 443–51.

Solomon, Meyer, M.D. Importance of an antecedent state of uneasiness as the cause of certain normal and abnormal types of behavior. N. Y. med. j., v. 106, p. 1070–73, Dec. 8, 1917. References.

Solomon, Meyer, M.D. Need for a stricter definition of terms in psychopathology. J. abnormal psychology, v. 12, p. 195–99, Aug. 1917.

Southard, Elmer E., M.D. Alienists and psychiatrists; notes on divisions and nomenclature of mental hygiene. Mental hygiene, v. 1, p. 567–71. References.

Southard, Elmer E., M.D. Desirability of medical wardens for prisons. Natl. conf. soc. work, 1917. Reprint no. 119 of Reports and addresses.

Southard, Elmer E., M.D. General psychopathology. Reprint from Psychological bull., v. 14, p. 193–215, June 1917.

Southard, Elmer E., M.D. Zones of community effort in mental hygiene. Natl. conf. soc. work, 1917. Reprint no. 120 of Reports and addresses.

Spear, Irving J., M.D. Diseases of the nervous system. Phil.: Saunders, 1917. 660 p.

Stern, Adolph, M.D. Bringing up of children and nervous diseases. N. Y. med. j., v. 106, p. 777–80, Oct. 27, 1917.

Stern, Adolph, M.D. Functional neuroses. Reprint from N. Y. med. j., v. 106, p. 261–64, Aug. 11, 1917.

Stern, Renée B. Long distance social service. Survey, v. 39, p. 124, Nov. 3, 1917.

Symposium; theories of Freud, Jung and Adler . . . by J. J. Putnam, Trigant Burrow, M.D., and W. A. White, M.D. J. abnormal psychology, v. 12, p. 145–73, Aug. 1917.

Stevens, Herman C., M.D. Causes of feeblemindedness. Chic. med. rec., v. 39, p. 328–33, 1917.

Taft, Jessie. How can we safeguard the child against mental disease? N. Y. state med. j., v. 17, p. 481, Nov. 1917.

Terman, Lewis M. Some impressions of the training school (Vineland, N. J.). Training school bull., v. 14, p. 106–09, Nov. 1917.

Tilton, Elizabeth. The drink problem in France; conditions facing our soldiers. Survey, v. 39, p. 112–16, Nov. 3, 1917.

Wallin, J. E. Wallace. Feeblemindedness and delinquency. Mental hygiene, v. 1, p. 585–90, Oct. 1917.

Wallin, J. E. Wallace. Phenomenon of scattering in the Binet-Simon scale. Psychological clin., v. 11, p. 179–95, Nov. 15, 1917.

Wallin, J. E. Wallace. Problems of subnormality. Yonkers: World book co., 1917. 485 p.

Washburn, Margaret F. The animal mind; a text-book of comparative psychology. 2d ed. N. Y.: Macmillan, 1917. 386 p. Animal behavior series, v. 2.

Watts, Lillian M. Nature study. Ungraded, v. 3, p. 13–14, Oct. 1917.

Weidensall, Jean. Mentality of the unmarried mother. Natl. conf. soc. work, 1917. Proceedings, p. 287–94.

White, William A., M.D. Sterilization of criminals; report of committee F of the Amer. inst. of crim. law and criminology. J. of crim. law and criminology, v. 8, p. 499–501, Nov. 1917.

Woods, Amy. Family life and alcoholism. Natl. conf. soc. work, 1917. Proceedings, p. 491–94.

Woodworth, R. S. Some criticisms of the Freudian psychology. J. abnormal psychology, v. 12, p. 174–94, Aug. 1917.

Zeller, George A., M.D. Organization of a state hospital from the standpoint of the superintendent. Ill. institutions quar., v. 8, no. 3, p. 49–53, Sept. 1917.

DIRECTORY OF SOCIETIES AND COMMITTEES FOR MENTAL HYGIENE

(*Listed in the order of their origin*)

THE CONNECTICUT SOCIETY FOR MENTAL HYGIENE

(Organized, May, 1908)

39 Church Street, New Haven, Conn.
Miss V. M. Macdonald, *Secretary*
Miss Inez Newman, *Associate Secretary*

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.

(Organized, February, 1909)

50 Union Square, New York City
Dr. Thomas W. Salmon, *Medical Director*
Dr. Frankwood E. Williams, *Associate Medical Director*
Clifford W. Beers, *Secretary*

THE ILLINOIS SOCIETY FOR MENTAL HYGIENE

(Organized, July, 1909)

824 South Halsted Street, Chicago, Ill.
Miss Elnora E. Thomson, *Executive Secretary*
Mrs. Eleanor C. Slagle, *Director of Occupations*

COMMITTEE ON MENTAL HYGIENE OF THE NEW YORK STATE CHARITIES AID ASSOCIATION

(Organized, May, 1910; an outgrowth of an After-care Committee, organized in 1906)

105 East 22nd Street, New York City
George A. Hastings, *Executive Secretary*
Miss Jessie Taft, *Social Service Director*

THE MASSACHUSETTS SOCIETY FOR MENTAL HYGIENE

(Organized, January, 1913)

1132 Kimball Building, 18 Tremont Street, Boston, Mass.
Dr. Charles E. Thompson, *Secretary*

THE MENTAL HYGIENE SOCIETY OF MARYLAND
(Organized, March, 1913; an outgrowth of an After-care Committee, organized in 1911)
401 Garrett Building, Baltimore, Md.
Dr. Charles B. Thompson, *Executive Secretary*

THE COMMITTEE ON MENTAL HYGIENE OF THE PUBLIC CHARITIES ASSOCIATION OF PENNSYLVANIA
(Organized, March, 1913)
Empire Building, Philadelphia, Pa.
Kenneth L. M. Pray, *Acting Secretary*

THE NORTH CAROLINA SOCIETY FOR MENTAL HYGIENE
(Organized, December, 1913)
Dr. Albert Anderson, *Secretary*, Raleigh, N. C.

THE DAYTON MENTAL HYGIENE COMMITTEE
(Organized, March, 1914)
Address: Mrs. J. Franz Dolina, or Mr. A. G. Knebel, Dayton, Ohio

THE SOCIETY FOR MENTAL HYGIENE OF THE DISTRICT OF COLUMBIA
(Organized, April, 1915)
Dr. D. Percy Hickling, *Secretary*
1305 Rhode Island Avenue, Washington, D. C.

THE ALABAMA SOCIETY FOR MENTAL HYGIENE
(Organized, April, 1915)
Dr. W. D. Partlow, *Secretary*, Tuscaloosa, Ala.

THE LOUISIANA SOCIETY FOR MENTAL HYGIENE
(Organized, May, 1915)
Dr. Maud Loeber, *Secretary*
1729 Marengo Street, New Orleans, La.

THE CALIFORNIA SOCIETY FOR MENTAL HYGIENE
(Organized, June, 1915)
Miss Julia George, *Secretary*
638 Phelan Building, San Francisco, Cal.

THE RHODE ISLAND SOCIETY FOR MENTAL HYGIENE
(Organized, March, 1916)
Dr. Frederick J. Farnell, *Secretary*
335 Angell Street, Providence, R. I.

THE OHIO SOCIETY FOR MENTAL HYGIENE
(Organized, May, 1916)
Dr. Thomas H. Haines, *Secretary*
Ninth and Oak Streets, Columbus, Ohio

THE TENNESSEE SOCIETY FOR MENTAL HYGIENE
(Organized, May, 1916)
C. C. Menzler, *Secretary*
Nashville, Tenn.

THE MISSOURI SOCIETY FOR MENTAL HYGIENE
(Organized, May, 1916)
Dr. Francis M. Barnes, Jr., *Secretary*
Humbolt Building, St. Louis, Mo.

THE INDIANA SOCIETY FOR MENTAL HYGIENE
(Organized, October, 1916)
Frank D. Loomis, *Secretary*
88 Baldwin Block, Indianapolis

THE IOWA SOCIETY FOR MENTAL HYGIENE
(Organized, March, 1917)
Dr. Gershom H. Hill
Des Moines, Iowa

THE VIRGINIA SOCIETY FOR MENTAL HYGIENE
(Organized, March, 1917)
Dr. William F. Drewry
Petersburg, Va.